

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90018 013 \*\*\*150.00

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # H81406</b><br>1. Entity Name<br><b>PAUL NELSON, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                 |                                                                                                                     |                                                                                                                                                                       |                                                                   |
| Principal Place of Business<br><b>692 VILLAGE DRIVE<br/>POMPANO BEACH FL 33060</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                 | Mailing Address<br><b>692 VILLAGE DRIVE<br/>POMPANO BEACH FL 33060</b>                                              |                                                                                                                                                                       |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     | 3. Mailing Address              |                                                                                                                     |                                                                                                                                                                       |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | Suite, Apt. #, etc.             |                                                                                                                     |                                                                                                                                                                       |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     | City & State                    |                                                                                                                     | 4. FEI Number <b>34-0836291</b>                                                                                                                                       |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | Country                         |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                       |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>NELSON, PAUL M.<br/>692 VILLAGE DRIVE<br/>POMPANO BEACH FL 33060</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                 |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |                                                                   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE: <u>Paul M. Nelson Treas.</u> DATE: <u>Feb 2, 2008</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                              |                                                                     |                                 |                                                                                                                     |                                                                                                                                                                       |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                       |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                                                                                       |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PT<br>NELSON, PAUL M.<br>692 VILLAGE DR.<br>POMPANO BEACH FL 33060  | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | V<br>DENIS, MARTHA N<br>9755 SW KILLARNEY LN<br>TUALATIN OR 97062   | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S<br>ITHIER, PATRICIA N<br>8120 PRESTWICK CIRCLE<br>DULUTH GA 30097 | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____<br>_____<br>_____<br>_____                                    | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____<br>_____<br>_____<br>_____                                    | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____<br>_____<br>_____<br>_____                                    | <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                     |                                 |                                                                                                                     |                                                                                                                                                                       |                                                                   |
| SIGNATURE: <u>Paul M. Nelson Treas.</u> <u>3/6/08</u> <u>954-788-4595</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                 |                                                                                                                     |                                                                                                                                                                       |                                                                   |