


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L51157
 1. Entity Name
BILL NELSON CONSTRUCTION CO., INC.



Principal Place of Business Mailing Address
 327 LICKSKILLET ROAD P O BOX 538
 LAMONT, FL 32336 US MONTICELLO, FL 32345-0538 US

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2995534 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 NELSON, BILL
 327 LICKSKILLET ROAD
 LAMONT, FL 32336

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000280663
 03/30/05-80025-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NELSON, BILL
STREET ADDRESS	327 LICKSKILLET ROAD
CITY-ST-ZIP	LAMONT, FL 32336
TITLE	VST
NAME	NELSON, BRENDA
STREET ADDRESS	327 LICKSKILLET ROAD
CITY-ST-ZIP	LAMONT, FL 32336
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Brenda J. Nelson* Brenda J. Nelson/VP 3/29/05 850-997-8380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #