2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 26, 2004 8:00 am
Secretary of State

04-30-2004 90384 004 ***150.00

DOCUMENT # P03000076237

1. Entity Name
NELSON & NELSON CONTRACTORS, INC.

Principal Place of Business	Mailing Address
10021 MARTINIQUE DR MIAMI, FL 33189	10021 MARTINIQUE DR MIAMI, FL 33189

66424307

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6600 N.W 27th Ave	6600 N.W 27th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33147 Country: U.S.A	Zip: 33147 Country: U.S.A

4. FEI Number 20-0085555 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NELSON, JERRY M 10021 MARTINIQUE DR MIAMI, FL 33189	Name: Nelson, Jerry M Street Address (P.O. Box Number is Not Acceptable): 6600 N.W. 27th Ave City: Miami FL Zip Code: 33147

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, JERRY M 10021 MARTINIQUE DR MIAMI, FL 33189	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/ Nelson, Jerry M. 6600 N.W. 27th Ave Miami, FL 33147	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, DUANE 10021 MARTINIQUE DR MIAMI, FL 33189	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/D Nelson, Duane 6600 N.W 27th Ave Miami, FL 33147	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Duane Nelson Duane Nelson 4/29/04 901 385-0141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #