

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133693

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** NELL'S FINANCIAL COUNSELING SERVICE INC.

**Current Principal Place of Business:**

4709 S PENINSULA DR  
PONCE INLET, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

4709 S PENINSULA DR  
PONCE INLET, FL 32127

**New Mailing Address:**

FEI Number: 54-1916209      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POZZI, NELL  
4709 S PENINSULA DR  
PONCE INLET, FL 32127      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: POZZI, NELL  
Address: 4709 S PENINSULA DR  
City-St-Zip: PONCE INLET, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELL POZZI

P

01/04/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date