

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 08:00 AM
Secretary of State

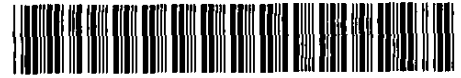


DOCUMENT # P94000006420

1. Entity Name
NELSON MARKETS, INC.

Principal Place of Business
**606 W NOBLE AVE
WILLISTON FL 32969
US**

Mailing Address
**606 W NOBLE AVE
WILLISTON FL 32696
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3218166**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, DONALD T
606 W NOBLE AVE
WILLISTON FL 32969**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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: Delete
NAME: **COUSINO, TANYA**
STREET ADDRESS: **606 W NOBLE AVE**
CITY-STATE-ZIP: **WILLISTON FL**

TITLE: Change Addition
NAME: **U00000728125**
STREET ADDRESS: **05/07/07-80004-020**
CITY-STATE-ZIP: **150.00**

TITLE: Delete
NAME: **NELSON, DONALD T**
STREET ADDRESS: **606 W NOBLE AVE**
CITY-STATE-ZIP: **WILLISTON FL**

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Delete
NAME: **NELSON, DAVID**
STREET ADDRESS: **606 W NOBLE AVE**
CITY-STATE-ZIP: **WILLISTON FL 32696**

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Delete
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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Change Addition
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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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:

Don Nelson
DON NELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 APR 2007 352-528-4801
Date Daytime Phone #