

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001476

**Entity Name:** GARY D. NELSON ASSOCIATES, INC.

**Current Principal Place of Business:**

19080 LOMITA AVENUE  
SONOMA, CA 95476

**Current Mailing Address:**

19080 LOMITA AVENUE  
SONOMA, CA 95476

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            FARRUGIA, DONNA  
Address        19080 LOMITA AVENUE  
City-State-Zip: SONOMA CA 95476

Title            CFO, TREASURER  
Name            BOWCUT, MICHAEL  
Address        19080 LOMITA AVENUE  
City-State-Zip: SONOMA CA 95476

Title            SECRETARY, DIRECTOR  
Name            NELSON, CRAIG  
Address        19080 LOMITA AVENUE  
City-State-Zip: SONOMA CA 95476

Title            DIRECTOR  
Name            BRADY, JOHN  
Address        3555 WHITE ALDER  
City-State-Zip: SONOMA CA 95476

Title            DIRECTOR  
Name            BULKLEY, NED  
Address        17023 SUMMER MEADOW LANE  
City-State-Zip: SONOMA CA 65476

Title            DIRECTOR  
Name            NELSON, CHASE  
Address        19080 LOMITA AVE.  
City-State-Zip: SONOMA CA 95476

Title            DIRECTOR  
Name            MESTER, RON  
Address        38 LAKEWOOD CIRCLE  
City-State-Zip: SAN MATEO CA 94402

Title            CHAIRMAN OF THE BOARD  
Name            SULLIVAN, IAN  
Address        481 SAN LUIS AVE  
City-State-Zip: LOS ALTOS CA 94024

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*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL BOWCUT**

**CFO, TREASURER**

**05/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           UNROE, JACK  
Address        1368 CORTE LOMA  
City-State-Zip: WALNUT CREEK CA 94598

Title           DIRECTOR  
Name           VONK, ERIK  
Address        99 MAGNOLIA LANE  
City-State-Zip: RICHLAND GA 31825