

2013 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, DIRECTOR
Name NELSON, CRAIG
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, MARCIA
Address 19080 LOMITA AVENUE
City-State-Zip: SONOMA CA 95476

Title CHAIRMAN
Name HOUESHELL, MONTY
Address 30841 HUNT CLUB DRIVE
City-State-Zip: SAN JUAN CAPISTRANO CA 92675

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 CORNICK, GARY
Address 1400 PAULLUS DRIVE
City-State-Zip: HOLLISTER CA 95023

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

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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

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name SULLIVAN, IAN
Address 481 SAN LUIS AVE
City-State-Zip: LOS ALTOS CA 94024