

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 125615

1. Entity Name
NELSON & COMPANY INCORPORATED



Principal Place of Business

**110 E BROADWAY
OVIEDO, FL 32765 US**

Mailing Address

**P.O. BOX 620789
OVIEDO, FL 32762-0789 US**

FILED
Jan 12, 2007 08:00 AM
Secretary of State



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0374460

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRUCE, MIRIAM W.
110 E. BROADWAY
OVIEDO, FL 32765**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EVANS, ARTHUR F
STREET ADDRESS	110 EAST BROADWAY
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VAS
NAME	EVANS, CHARLES W.
STREET ADDRESS	110 E BROADWAY
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	V
NAME	EVANS, DAVID L.
STREET ADDRESS	6617 LAKE CHARM CIRCLE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	ST
NAME	BRUCE, MIRIAM W.
STREET ADDRESS	6365 LAKE CHARM CIRCLE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/07 407-365-6631
Date Daytime Phone #