## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 125615** 

Address:

City-St-Zip:

6365 LAKE CHARM CIRCLE

OVIEDO, FL 32765

Entity Name: NELSON & COMPANY INCORPORATED

FILED Jan 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 110 E BROADWAY 110 E BROADWAY OVIEDO, FL 32765 US OVIEDO, FL 32765 **Current Mailing Address: New Mailing Address:** P.O. BOX 620789 OVIEDO, FL 327620789 US FEI Number: 59-0374460 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRUCE, MIRIAM W. 110 E. BROADWAY US OVIEDO, FL 32765 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: PRFS (X) Change ( ) Addition EVANS, ARTHUR F. Name: Name: EVANS, ARTHUR F. 110 EAST BROADWAY 110 EAST BROADWAY Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: VAS Title: () Delete () Change () Addition Name: EVANS, CHARLES W., Name: 110 E BROADWAY Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: Title: ( ) Delete () Change () Addition EVANS, DAVID L., Name: Name: 6617 LAKE CHARM CIRCLE Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition BRUCE, MIRIAM W., Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: ARTHUR F EVANS PRES 01/29/2009