


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90407 033 ***150.00

DOCUMENT # 249382					
1. Entity Name NELSON & ASSOCIATES INC					
Principal Place of Business 7501 NW 4 ST STE 110 FORT LAUDERDALE, FL 33317 US			Mailing Address 7501 NW 4 ST STE 110 FORT LAUDERDALE, FL 33317 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0935365	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STEVEN R. BALLINGER, ESQUIRE 888 SO. ANDERUWS AVE, STE 205 FORT LAUDERDALE, FL 33316				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				04012004 Chg-P CR2E034 (10/03)	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIOVENCO, ANDREW		NAME		
STREET ADDRESS	871 CALLE DEL PAZ S.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BALLINGER, LESLIE		NAME	Grace Giovenco	
STREET ADDRESS	1166 SW 149 LN		STREET ADDRESS	6741 Calle del Paz S.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326		CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Andrew J. Giovenco</i>			Date: <i>4/15/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <i>321-1526</i>		

44030918



04012004 Chg-P CR2E034 (10/03)

4. FEI Number
59-0935365

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

6. Name and Address of Current Registered Agent

**STEVEN R. BALLINGER, ESQUIRE
888 SO. ANDERUWS AVE, STE 205
FORT LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent

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.

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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIOVENCO, ANDREW	
STREET ADDRESS	871 CALLE DEL PAZ S.	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BALLINGER, LESLIE	
STREET ADDRESS	1166 SW 149 LN	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grace Giovenco	
STREET ADDRESS	6741 Calle del Paz S.	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Andrew J. Giovenco* Andrew J. Giovenco 4/15/04 321-1526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #