

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 257347

Entity Name: NILSEN MFG. CO.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

35450 HWY 27
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 127
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 59-0970670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NILSEN, RAMA I.
306 BIRD KEY DR.
SARASOTA, FL 33577 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: WOODWARD, S.P.
Address: 132 GRANT RD
City-St-Zip: WINTER HAVEN, FL

Title: CD () Delete
Name: NILSEN, R I
Address: 306 BIRD KEY DR
City-St-Zip: SARASOTA, FL 00000,

Title: D () Delete
Name: CAMPBELL, L.W.
Address: 111 BRANTLEY HARBOUR
City-St-Zip: LONGWOOD, FL

Title: SD () Delete
Name: NELSON, JR. H E
Address: 19104 17TH ST. N.W.
City-St-Zip: SEATTLE, WA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SCOTT P WOODWARD

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date