

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 438374

Entity Name: NELCO, INC.

FILED
Apr 07, 2008
Secretary of State

Current Principal Place of Business:

1129 TAMIAMI TRAIL
UNIT #1
PORT CHARLOTTE, FL 33952 US

Current Mailing Address:

P.O. BOX 380042
MURDOCK, FL 339380042 US

New Principal Place of Business:

1129 TAMIAMI TRAIL
UNIT #1
PORT CHARLOTTE, FL 33953 US

New Mailing Address:

FEI Number: 59-1485370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOVACK, CHRISTOPHER M
850 SILVER SPRINGS TERRACE
PORT CHARLOTTE, FL 33948 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: D () Delete
Name: REINHARDT, SHIRLEY D,
Address: 1129 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Delete
Name: REINHARDT, FLORENCE, P
Address: 1129 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952, FL 33952

Title: P () Delete
Name: REINHARDT, SHIRLEY D,
Address: 1129 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE,, FL 33952

Title: VP () Delete
Name: KOVACK, CHRISTOPHER
Address: 1129 TAMIAMI TRL
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: REINHARDT, SHIRLEY D,
Address: 1129 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33953

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

Title: VP (X) Change () Addition
Name: REINHARDT, SHIRLEY D,
Address: 1129 TAMIAMI TRAIL UNIT #1
City-St-Zip: PORT CHARLOTTE,, FL 33953

Title: P (X) Change () Addition
Name: KOVACK, CHRISTOPHER M
Address: 1129 TAMIAMI TRAIL UNIT #1
City-St-Zip: PORT CHARLOTTE, FL 33953

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: CHRISTOPHER M. KOVACK

P

04/07/2008

Electronic Signature of Signing Officer or Director

_____ Date