

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 438374

Entity Name: NELCO, INC.

FILED  
Mar 14, 2012  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 380042  
MURDOCK, FL 33938 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: REINHARDT, SHIRLEY D  
Address: 1129 TAMIAMI TRAIL UNIT #1  
City-St-Zip: PORT CHARLOTTE, FL 33953

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

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

Title: D  
Name: KOVACK, CHRISTOPHER M  
Address: 1129 TAMIAMI TRAIL UNIT #1  
City-St-Zip: PORT CHARLOTTE, FL 33953

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER M. KOVACK

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03/14/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date