# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 16, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # 634952

1. Entity Name
NELSON-GOLDMAN ELECTROLYSIS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6100 W. ATLANTIC BLVD., BAY 7<br>MARGATE, FL 33063 | 6100 W. ATLANTIC BLVD., BAY 7<br>MARGATE, FL 33063 |

09082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-2038831
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, SUZANNE
6100 W. ATLANTIC BLVD.
MARGATE, FL 33063

**DO NOT WRITE IN THIS SPACE**

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when mailing)

**FILE NOW!!! FEE IS $150.00**
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | NELSON, SUZANNE |
| STREET ADDRESS | 8539 N.W. 18TH PL |
| CITY ST ZIP | CORAL SPRINGS, FL 33071 |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY ST ZIP | |

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**DO NOT WRITE IN THIS SPACE**

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:** Suzanne Nelson Suzanne Nelson 8/31/05 954-972-8697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #