## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 13, 2006 08:00 AN Secretary of State

ANNUAL REPORT				Secretary of Stat			
DOCUMENT # F01000000167					7	•	
1. Entity Name R. NELSON & ASSOCIATES, INC.							
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	e of Business	Mailing Address	<u> </u>				
		2516 PARK AVE. Cincinnati, oh 45206					
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				04212006 No Chg-	P CR2E034	(11/05)	
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	The state of the s	n de la companya de La companya de la co		5. Certificate of Status Des	ired 🗆 \$8	.75 Additional Required	
	6. Name and Address of Current Re	gistered Agent	The stage of the colors of	the first of a section of setting of a section of the section of t	963 de	A Part of the second	
ROSS, LOVIE 961 GARDENIA DRIVE				DO NOT	WRITE	The state of the	
DELRAY BEACH, FL 33483			0 4 3 3	IN THIS	er and the second second	a Tarking Page 1945. Bank da kandala	
						المالية	
8. The above	e named entity submits this statement for the	ne purpose of changing its register	red office or register	ed agent, or both, in the State	of Florida. I am fam	liar with, and accept	
the obligat	tions of registered agent.		,	• ,			
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Register	ed Agent signature required	when reinstating)	DATE	<del></del> -	
FiL	.E NOW!!! FEE IS \$150.00	9. Election Campaign Fina		00 May Be			
After M	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution	. LJ Add	ed to Fees			
10.	OFFICERS AND DI	RECTORS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
NAME	NELSON, RAMONA M				ili di sa		
STREET ADDRESS CITY-ST-ZIP	2516 PARK AVE. CINCINNATI, OH 45206			Loon Azvisas	00569752	ira an	
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CITY-ST-ZIP						ं के नहीं के दिखें। १ जा कि कि है है	
TITLE NAME					' ( P		
STREET ADDRESS							
TITLE			<sup>33</sup>				
NAME STREET ADDRESS					•		

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied ental 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 of the receiver of trustee empowered to execute this report as required by Shapter 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:

CITY-ST-ZIP

ICHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR