

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F07000001321**

1. Entity Name  
**NIELSEN-HARRELL STRUCTURAL ENGINEERS, INC.**



Principal Place of Business  
**5416 GLENRIDGE DR SUITE 102  
ATLANTA, GA 30342**

Mailing Address  
**5416 GLENRIDGE DR SUITE 102  
ATLANTA, GA 30342**



01212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-8135428**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LUKEN, S. ELYSHA  
1004 DESOTA PARK DR  
TALLAHASSEE, FL 32301**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	NIELSEN, HAROLD
STREET ADDRESS	5416 GLENRIDGE DR SUITE 102
CITY-ST-ZIP	ATLANTA, GA 30342
TITLE	V
NAME	HARRELL, DAVID
STREET ADDRESS	5416 GLENRIDGE DR SUITE 102
CITY-ST-ZIP	ATLANTA, GA 30342
TITLE	S
NAME	NIELSEN, KRISTIAN
STREET ADDRESS	5416 GLENRIDGE DR SUITE 102
CITY-ST-ZIP	ATLANTA, GA 30342
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/08-80046-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-08 904-459-6600

Date

Daytime Phone #