


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000003472	
1. Entity Name NELSON ASSOCIATES ARCHITECTURAL ENGINEERING, P.C.	

Principal Place of Business ONE NORTH PARK ROW CLINTON, NY 13323	Mailing Address ONE NORTH PARK ROW CLINTON, NY 13323
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1547554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NELSON, LEE P 2405 COURTNEY MEADOWS COURT, SUITE 302 TAMPA, FL 33619

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000934923 05/23/08-80052-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PS NELSON, PETER N P.E. 8189 KELLOGG STREET CLINTON, NY 13323
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V STAFFORD, RONALD E A1A 136 W. PROSPECT STREET LLION, NY 13357
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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 powers.

SIGNATURE: *Peter N. Nelson, President* **4/28/08 315 853 5704**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #