2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F14686

1. Entity Name
NELSON INVESTMENTS, INC.

Principal Place of Business	Mailing Address
PO BOX 14777	P O BOX 14777
BRADENTON, FL 34280 US	BRADENTON, FL 34280 US

01242004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2054558	Not Applicable

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

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6. Name and Address of Current Registered Agent

NELSON, RALPH E
911 99TH STREET N W
P O BOX 14777
BRADENTON BEACH, FL 34280

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	NELSON, RALPH E
STREET ADDRESS	P O BOX 14777
CITY-ST-ZIP	BRADENTON, FL 34280
TITLE	ST
NAME	NELSON, ELARIE M
STREET ADDRESS	P O BOX 14777
CITY-ST-ZIP	BRADENTON, FL 34280
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Elarie Nelson_ ELARIE NELSON 1/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #