

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90224 019 \*\*\*158.75

**DOCUMENT # F15936**

1. Entity Name  
**NELSON'S SERVICE, INC.**



Principal Place of Business  
**3490 TOM'S COURT--  
GREEN COVE SPRINGS, FL 32043--US**

Mailing Address  
**PO BOX 609  
PENNEY FARMS, FL 32079 US**

**50016458**



2. Principal Place of Business  
**159 Anastasia Lakes Drive**

Suite, Apt. #, etc.

3. Mailing Address  
  
Suite, Apt. #, etc.

04032006 Chg-P CR2E034 (11/05)

City & State  
**St. Augustine, FL**

City & State

4. FEI Number  
**59-2055146**

Applied For  
Not Applicable

Zip  
**32080**

Country

Zip

Country

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

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

**NELSON, KIRBY W  
3490 TOM'S COURT--  
GREEN COVE SPRINGS, FL 32043--**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**159 Anastasia Lakes Drive**

City  
**St. Augustine**

FL Zip Code  
**32080**

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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☒ Delete  
NAME **NELSON, ARDELLA D**  
STREET ADDRESS **3490 TOM'S CT.**  
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **D** ☒ Delete  
NAME **NELSON, ROLAND W**  
STREET ADDRESS **3490 TOM'S COURT**  
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **P** ☐ Delete  
NAME **NELSON, KIRBY W**  
STREET ADDRESS **3490 TOM'S COURT--**  
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043--**

TITLE **ST** ☒ Delete  
NAME **NELSON, KERRY L**  
STREET ADDRESS **3490 TOM'S COURT**  
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **V** ☒ Delete  
NAME **NELSON, KEVYN T**  
STREET ADDRESS **3490 TOM'S COURT**  
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D,P** ☒ Change ☐ Addition

NAME  
STREET ADDRESS **159 Anastasia Lakes Drive**  
CITY-ST-ZIP **St. Augustine, FL 32080**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D, VP** ☐ Change ☒ Addition

NAME **Nelson, Jessica L.**  
STREET ADDRESS **159 Anastasia Lakes Drive**  
CITY-ST-ZIP **St. Augustine, FL 32080**

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:**

**Kirby W. Nelson, President**

**4 APRIL 2006 (904)264-7284**

Date

Daytime Phone #