

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

06-18-2004 90004 006 \*\*\*150.00  
09-10-2004 90002 023 \*\*\*400.00

**DOCUMENT # H87424**

1. Entity Name  
**NELSON LANDSCAPE MAINTENANCE, INC.**



Principal Place of Business

3809 BROAD ST  
P.O. BOX 517  
MANGO, FL 33550-517 US

Mailing Address

PO BOX 517  
P.O. BOX 517  
MANGO, FL 33550-517 US

**04076060**



07262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2602146**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NELSON, CRAIG A.**  
12811 GARLTON ROAD  
THONOTOSASSA, FL 33595

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME NELSON, CRAIG A.  
STREET ADDRESS 12811 CARLTON RD  
CITY-ST-ZIP THONOTOSASSA, FL

TITLE SD  
NAME NELSON, JOAN K.  
STREET ADDRESS 12811 CARLTON RD  
CITY-ST-ZIP THONOTOSASSA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Joan Nelson Joan Nelson Secretary 2 Sept 04 8B 654 0563  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #