

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



03132008 No Chg-P CR2E034 (11/05)

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 CARLTON 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 \$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 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

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04/14/08-80014-002 150.00

**DO NOT WRITE
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:

Craig A Nelson, CRAIG A. NELSON 31MAR08

813/654-0563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #