


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # J69830 1. Entity Name NELSON IVEST BROKERAGE SERVICES, INC.	
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Principal Place of Business 423 COUNTRY CLUB DR WINTER PARK, FL 32789-2968 US	Mailing Address 423 COUNTRY CLUB DR WINTER PARK, FL 32789-2968 US
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DO NOT WRITE IN THIS SPACE



05212007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2106660	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, JACK E.
423 COUNTRY CLUB DR
WINTER PARK, FL 32789

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, JACK E. 423 COUNTRY CLUB DR WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARRIS, JOEL J 614 RICHMOND STREET ORLANDO, FL 32806
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06/01/07-80004-019 150.00

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 as an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date: 5/23/07 Daytime Phone # _____