2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# K52194

Entity Name: NELSON INSURANCE, INC.

Current Principal Place of Business:

130-B WHITAKER RD
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1437
LUTZ, FL 335481437 US

New Mailing Address:

FEI Number: 59-2939812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NELSON, EDWIN M.
18918 PLACE MARQUETTE
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	NELSON, CAROL K.,	
Address:	18918 PLACE MARQUETTE	
City-St-Zip:	LUTZ, FL 33549	
Title:	PTD	( ) Delete
Name:	NELSON, EDWIN M.,	
Address:	18918 PLACE MARQUETTE	
City-St-Zip:	LUTZ, FL 33558	
Title:	VP	( ) Delete
Name:	NELSON, CHRISTOPHER	
Address:	836 NW GREENWICH COURT	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	
Title:	VP	( ) Delete
Name:	EVANS, KATHLEEN N	
Address:	813 W KENTUCKY AV	
City-St-Zip:	TAMPA, FL 33603	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN M. NELSON PRES 01/16/2009

Electronic Signature of Signing Officer or Director Date