

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K52194

FILED  
Jan 05, 2010  
Secretary of State

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:

P.O. BOX 1437  
LUTZ, FL 33548 US

FEI Number: 59-2939812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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  
Name: NELSON, CAROL K.  
Address: 18918 PLACE MARQUETTE  
City-St-Zip: LUTZ, FL 33549

Title: PTD  
Name: NELSON, EDWIN M.  
Address: 18918 PLACE MARQUETTE  
City-St-Zip: LUTZ, FL 33558

Title: VP  
Name: NELSON, CHRISTOPHER  
Address: 836 NW GREENWICH COURT  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP  
Name: EVANS, KATHLEEN N  
Address: 813 W KENTUCKY AV  
City-St-Zip: TAMPA, FL 33603

I hereby 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 all other like empowered.

SIGNATURE: EDWIN M. NELSON

PRES

01/05/2010

Electronic Signature of Signing Officer or Director

Date