

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K52194

Entity Name: NELSON INSURANCE, INC.

FILED
Jan 04, 2011
Secretary of State

Current Principal Place of Business:

130-B WHITAKER RD
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1437
LUTZ, FL 33548 US

New Mailing Address:

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

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

01/04/2011

Electronic Signature of Signing Officer or Director

Date