


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90007 014 \*\*\*150.00

**DOCUMENT # K93191**

1. Entity Name  
**NELSON BRADENTON LEASING, INC.**



Principal Place of Business  
**4351 CEDAR ST  
 ST JAMES CITY FL 33956  
 US**

Mailing Address  
**4351 CEDAR ST  
 ST JAMES CITY FL 33956  
 US**

2. Principal Place of Business  
~~3462 York Rd. FL~~

3. Mailing Address  
**3462 York Rd.**

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State  
**ST JAMES CITY, FL**

City & State  
**ST JAMES CITY, FL**

Zip  
**33956**

Country  
**Lee**

Zip  
**33956**

Country  
**Lee**

4. FEI Number **65-0126081**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NELSON, WILLIAM A.  
 4228 60 ST W  
 BRADENTON FL 34209**

7. Name and Address of New Registered Agent

Name **Nelson William A.**

Street Address (P.O. Box Number is Not Acceptable)  
**3462 York Rd.**

City **ST JAMES CITY, FL** Zip **33956**

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 William A. Nelson DATE 2/4/04

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, WILLIAM A.	
STREET ADDRESS	4228 60 ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, CAROL F.	
STREET ADDRESS	4228 60 ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelson William A.	
STREET ADDRESS	3462 York Rd.	
CITY-ST-ZIP	ST JAMES CITY, FL 33956.	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelson Carol F.	
STREET ADDRESS	5112 22nd ave W.	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William A. Nelson William A. Nelson 2/4/04 (239) 283 1149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #