

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90030 009 ***150.00

DOCUMENT # K93191

1. Entity Name
NELSON BRADENTON LEASING, INC.



Principal Place of Business Mailing Address
3462 YORK RD. ST JAMES CITY FL 33956 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. **4228 60th St. W.** Suite, Apt. #, etc. **4228 60th St. W.**

City & State **Bradenton, FL.** City & State **Bradenton, FL.**
 Zip **34209** Country **US** Zip **34209** Country **USA**

1st MOORE CR2E034 (10/07)
 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.
3462 YORK RD.
ST JAMES CITY FL 33956

7. Name and Address of New Registered Agent
 Name **Nelson William A.**
 Street Address (P.O. Box Number is Not Acceptable)
6710 36th Ave. E. # 358
 City **Palmetto FL** Zip Code **34221**

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: 2/19/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, WILLIAM A.	
STREET ADDRESS	3462 YORK RD.	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, WILLIAM A	
STREET ADDRESS	3462 YORK RD	
CITY-ST-ZIP	SAINT JAMES CITY FL 33956	
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	6710 36th Ave E. # 358	
CITY-ST-ZIP	Palmetto FL 34221	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelson William A.	
STREET ADDRESS	6710 36th Ave E. # 358	
CITY-ST-ZIP	Palmetto FL 34221	
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 exemptions contained in Section 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William A. Nelson* DATE: 2/19/08 DAYTIME PHONE: 941-704-1297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR