


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90034 003 \*\*\*\*61.25

**DOCUMENT # N9300002849**

1. Entity Name  
**THE NELSEN RESIDENCE, INC.**



Principal Place of Business  
**2315 SE 15TH PLACE  
OFFICE  
CAPE CORAL FL 33990**

Mailing Address  
**2315 SE 15TH PLACE  
OFFICE  
CAPE CORAL FL 33990**

2. Principal Place of Business  
**2315 SE 15th Place**

3. Mailing Address  
**ok above**

Suite, Apt. #, etc.  
**Office**

City & State  
**Cape Coral FL 33990**

Zip  
**33990**

Country  
**USA**



MOORE CR2E037 (11/03)

4. FEI Number  
**65-0443152**

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

6. Name and Address of Current Registered Agent

**NELSEN, ELEANOR M  
2307 SE 15TH PLACE  
CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. **N/A**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NELSEN, ELEANOR M</b>
STREET ADDRESS	<b>2315 SE 15TH PLACE</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SIKORSKI, LESZEK</b>
STREET ADDRESS	<b>STUDYING AT FORDHAM UN.</b>
CITY-ST-ZIP	<b>NEW YORK NY 10010-6463</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FIGURSKI, WANDA</b>
STREET ADDRESS	<b>1415 S.E. 29TH ST.</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FIGURSKI, MITCHELL</b>
STREET ADDRESS	<b>1415 S.E. 29TH ST</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BRIGGS, RAYMOND</b>
STREET ADDRESS	<b>2315 SE 15TH PLACE UNIT 13</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ELLIS, JAMES</b>
STREET ADDRESS	<b>2315 SE 15TH PLACE, UNIT 6</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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 617, 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: Eleanor M. Nelsen 2/4/04 239 458 4229

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