

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000004553

1. Entity Name
NELSON CONSULTING GROUP, INC.



Principal Place of Business
6846 SWAIN TRACE
TALLAHASSEE, FL 32311

Mailing Address
6846 SWAIN TRACE
TALLAHASSEE, FL 32311

2. Principal Place of Business
10745 WADESBORO RD
Suite, Apt. #, etc.

3. Mailing Address
10745 WADESBORO RD
Suite, Apt. #, etc.

City & State
Tallahassee FL
Zip
32317

City & State
Tallahassee FL
Zip
32317

01072005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0974909

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Michael O. Nelson
Street Address (P.O. Box Number is Not Acceptable)
10745 WADESBORO RD
City
Tallahassee FL Zip Code
32317

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 Michael O. Nelson 1-7-2005
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
D NELSON, MICHAEL O ☐ Delete
STREET ADDRESS
6846 SWAIN TRACE
CITY-ST-ZIP
TALLAHASSEE, FL 32311

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
Nelson, Michael O ☒ Change ☐ Addition
STREET ADDRESS
10745 WADESBORO RD
CITY-ST-ZIP
Tallahassee, FL 32317

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
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: Michael O. Nelson 1-7-2005 850-510-2518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
05 JAN -7 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

