2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000099287

1. Entity Name
NELLO CORPORATION

Principal Place of Business	Mailing Address
6232 BEECWOOD AVE. *BEECHWOOD AVE.* SARASOTA, FL 34231	P O BOX 19046 SARASOTA, FL 34276

DO NOT WRITE IN THIS SPACE

01102007   No Chg-P   CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

OLLEN, JOHN E
6232 BEECWOOD AVE.
SARASOTA, FL 34231

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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 _____

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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000587202 01/17/07-80024-013 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	OLLEN, JOHN E	
STREET ADDRESS	6232 BEECHWOOD AVE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	D	
NAME	OLLEN, THERESA W	
STREET ADDRESS	6232 BEECHWOOD AVE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	D	
NAME	OLLEN, PETER E	
STREET ADDRESS	6232 BEECHWOOD AVE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *John E Ollen*   JAN. 10/07   941-923-5944

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