

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107312

FILED
Apr 23, 2009
Secretary of State

Entity Name: NELSON APPLIANCE REFINISHING, INC.

Current Principal Place of Business:

P.O. BOX 840009
HOLLYWOOD, FL 33084

New Principal Place of Business:

11011 SHERIDAN STREET #310
HOLLYWOOD, FL 33026

Current Mailing Address:

P.O. BOX 840009
HOLLYWOOD, FL 33084

New Mailing Address:

FEI Number: 65-1056643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAGER, ROSS
11011 SHERIDAN STREET, STE 310
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TETREAULT, WALTER NELSON
Address: 8441 NW 5TH ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: TETREAULT, LINDA S
Address: 8441 NW 5TH ST
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA TETREAULT

VP

04/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date