

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90036 011 ***150.00

DOCUMENT # P02000074323

1. Entity Name

BELINDA NELSON-FENTON, PA



Principal Place of Business

**2860 EMILY LANE W
JACKSONVILLE FL 32216**

Mailing Address

**2860 EMILY LANE W
JACKSONVILLE FL 32216**

2. Principal Place of Business - No P.O. Box #

**5526 Ghormley Rd
Suite, Apt. #, etc.
Jacksonville, FL**

3. Mailing Address

**5526 Ghormley Rd
Suite, Apt. #, etc.
Jacksonville, FL**

City & State

32277 Duval

City & State

32277 Duval

4. FEI Number

75-3074280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

**NELSON, BELINDA
2860 EMILY LANE W 5526 Ghormley Rd.
JACKSONVILLE FL 32216 77**

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.

SIGNATURE

Belinda Nelson-Fenton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-29-08

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **NELSON, BELINDA**
CITY-ST-ZIP **2860 EMILY LANE W 5526 Ghormley Rd.
JACKSONVILLE FL 32216 77**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Belinda Nelson-Fenton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-08 904-309-9740

Date

Daytime Phone #