2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| DOCUMENT # P02000083630 1. Entity Name NELSON GAVIN INC. | | | | | | | | | Feb 06, 2004 0 Secretary of | | | [|
|---|---------------------------------------|------------------------------------|---------------------------------------|--------------------|--------------|-------------------------|--|--|--|-------------------------|-----------------|------------------------|
| Principal Place | e of Busines: | \$ | ng Address | | | | | | | | | |
| 613 S 21 AV HOLLYWOO | | 613 S 21 AVE HOLLYWOOD FL 33020 | | | | | 2 (1888) (1888) (1887 1888) (1888) 1888) 1888) 1888) 1888) 1888) 1888) 1888) 1888) 1888) | teres title eries | htts: ma ita | (m) (r (m)) | | |
| 2. Principal P | lace of Busin | ness | 3. Mailing | 3. Mailing Address | | | | | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | | | MOORE CR2EC | 34 (11/0 | 3} | |
| City & State | | | City & | City & State | | | | 4. F | 35-2188552 | | | lied For Applicable |
| Zip | Country | | Zip | Zip | | Country | | 5 . C | Certificate of Status Desired | \$8.75 Fee Re | | ional |
| | 6. Name | and Address of Curren | t Registered | Agent | <u> </u> | | | 7. N | ame and Address of New Register | ed Agent | | |
| 613 | /IN, NELS S 21ST / LYWOO | SON AVE D FL 33020 | | | | | Name Street Address (P.O. Box Number is Not Acceptable) City Ztp Code | | | | | |
| | | | 1 | | | City | | | <u>-</u> | · • | | |
| | | | or the plurbos | e of changing its | register | ed office or re | egistere | d age | ent, or both, in the State of Florida. | am familiar | with, a | nd accept |
| the obligations of registered agent. | | | | | | | | | | | | |
| SIGNATURE. | Signature, typod | or printed name of politicized and | Rayo title il applica | ible (NOTE | E. Registere | d Agent signatuse | required w | ren roi | instating) DA | E | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | | | Election Campaign Financing Trust Fund Contribution. | | 5.00 kdded 1 | May Be o Fees |
| 10. | · · · · · · · · · · · · · · · · · · · | OFFICERS AN | · · · · · · · · · · · · · · · · · · · | 3 | 11. | | | ADI | DITIONS/CHANGES TO OFFICERS (| ND DIREC | TORS | IN 11 |
| · | Þ | | | ☐ Delete | IIR | 3 | _ | | | ☐ Chi | | Addition |
| name Street Address | GAVIN, NE 613 S 215 | | NA). CTD | | | NE EET ADDRESS | | | !!ถกกกกว่า q q | | | |
| CITY-ST-ZIP | 3 | OD FL 33020 | 3 | | | - ST- ZIP | | U0000037981 02/06/04-80121-006 150.00 | | | |) |
| सारह | | | | ☐ Belete | п | 3 | | | | ☐ Ch | នប ៊ិ e | Addition |
| NAME STREET ADDRESS | | | | | nan Stri | NE EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | City | r - ST - ZIP | | | | | | |
| title Name | | | | ☐ Delete | TITL NAM | | | | | ☐ Ch | 3006 | Addition |
| STREET ADDRESS | | | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | CITY | r-ST-ZIP | | | | | | |
| TITLE NAME | | | | Delete | BTL Nam | | | | • | ☐ Chi | របទិទ | Addition |
| STREET ADDRESS | | | | | 1 | eet address | | | • | | | |
| City-St-Zip | | · · · · · | | | -1 | (-ST-ZIP | | | | | | |
| TITLE NAME | | | | ☐ Delete | 33TL Nam | | | | | ∐ Ch | របចិន | Addition |
| STREET ADDRESS | | | | | - | EET AODRESS | | | | | | |
| CAY-ST-ZIP | | | | ☐ Delete | ELLA CLLA | /-ST-ZIP | | | · · · · · · · · · · · · · · · · · · · | ☐ Ch | 2000 | Addition |
| NAME | | | | ET DESER | NAM | Į. | | | | £, W | Biffe. | ET AGORGE |
| STREET ADDRESS CITY-ST-ZIP | | | | | 3 | EET AODRESS (-ST-ZIP | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i). Ronda 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: SIGNATURE AND TYPED OR PRINTED NAME OF SECTION OFFICER OR DIRECTOR Date Daylors Phone * | | | | | | | | | | | 41.21 | |
| i | | DIGITALIUME AND LIFED DI | · CRIPTED MARKE! | or aremine UthicEH | באוע איי | un | | | ₽ate | ⊌avume i*h | ⊒/Kt ₹ | |

FILED