2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P03000015151

Entity Name: NELCO FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1844 NORTH NOB HILL RD
SUITE 461
PLANTATION, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

353 6TH AVE WEST
BRADENTON, FL 34205 US

New Mailing Address:

1844 NORTH NOB HILL RD
SUITE 461
PLANTATION, FL 33322 US

FEI Number: 04-3739355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORRIS, VIRGINIA A
353 6TH AVE WEST
BRADENTON, FL 34205 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: P, D ( ) Delete
Name: FORMAN, MICHAEL
Address: 1844 NORTH NOB HILL RD, SUITE 461
City-St-Zip: PLANTATION, FL 33322 US

Title: S, T ( ) Delete
Name: DORRIS, VIRGINIA A
Address: 353 6TH AVE WEST
City-St-Zip: BRADENTON, FL 34205 US

Title: V, D ( ) Delete
Name: RATH, DORI A
Address: 353 6TH AVE WEST
City-St-Zip: BRADENTON, FL 34205 US

Title: D ( ) Delete
Name: DORRIS, VIRGINIA A
Address: 353 6TH AVE WEST
City-St-Zip: BRADENTON, FL 34205 US

Title: CFO ( ) Delete
Name: DORRIS, VIRGINIA A
Address: 353 6TH AVE WEST
City-St-Zip: BRADENTON, FL 34205 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MICHAEL FORMAN P.D. 04/15/2009

Electronic Signature of Signing Officer or Director Date