


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000115734 1. Entity Name GENENE NELL, INC.		
Principal Place of Business 1235 RORDAN AVENUE NAPLES, FL 34103	Mailing Address 1235 RORDAN AVENUE NAPLES, FL 34103	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NELL, GENENE 1235 RORDAN AVENUE NAPLES, FL 34103		DO NOT WRITE IN THIS SPACE
11. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELL, GENENE 1235 RORDAN AVENUE NAPLES, FL 34103	
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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: <u><i>Genene Nell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/12/06</u> <small>Daytime Phone #</small>



01222006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2032339	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/29/06-80147-004 158.75

**DO NOT WRITE
IN THIS SPACE**