

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127265

Entity Name: ANTON L. NELSEN, INC.

FILED
Mar 23, 2005
Secretary of State

Current Principal Place of Business:

4788 WILLIAMSTOWN BLVD.
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

4788 WILLIAMSTOWN BLVD.
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 14-1900607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSEN, ANTON L
4788 WILLIAMSTOWN BLVD.
LAKELAND, FL 33810 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: PVST () Delete
Name: NELSEN, ANTON L
Address: 4788 WILLIAMSTOWN BLVD.
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: NELSEN, ANTON L
Address: 4788 WILLIAMSTOWN BLVD.
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NELSEN, ANTON L
Address: 4788 WILLIAMSTOWN BLVD.
City-St-Zip: LAKELAND, FL 33810

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTON NELSEN

PRES

03/23/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date