

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90048 020 ***150.00

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02242004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000133212		
1. Entity Name DELWOOD NELSON, INC.		

Principal Place of Business 20 N SUMMIT ST CRESENT CITY, FL 32112	Mailing Address 20 N SUMMIT ST CRESENT CITY, FL 32112
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2. Principal Place of Business 510 Clifton Road	3. Mailing Address 510 Clifton Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Crescent City, FL	City & State Crescent City, FL	4. FEI Number 11-3708613	Applied For Not Applicable
Zip 32112	Country USA	Zip 32112	Country USA

6. Name and Address of Current Registered Agent HAENFLER, JAMES 20 N SUMMIT ST CRESENT CITY, FL 32112		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NELSON, ROBERT D 510 CLIFTON ROAD CRESENT CITY, FL 32112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Robert D Nelson 2-25-04 386-698-1527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #