

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139202

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: NELSON'S BATHTUB INC.

## Current Principal Place of Business:

16014 SW 42ND AVE  
ARCHER, FL 32618

## New Principal Place of Business:

## Current Mailing Address:

16014 SW 42ND AVE  
ARCHER, FL 32618

## New Mailing Address:

FEI Number: 14-1900310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KENT, NELSON  
16014 SW 42ND AVE  
ARCHER, FL 32618 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 ( ) Delete  
Name: NELSON, KENT  
Address: 16014 SW 42ND AVE  
City-St-Zip: ARCHER, FL 32618

Title: VP ( ) Delete  
Name: FARR, KEVIN  
Address: C/O 16014 SE 42ND AVE  
City-St-Zip: ARCHER, FL 32618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: FARR, KEVIN  
Address: C/O 16014 SW 42ND AVE  
City-St-Zip: ARCHER, FL 32618

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: KENT NELSON

PRES

02/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date