



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90135 009 \*\*\*150.00

<b>DOCUMENT # P04000047434</b> 1. Entity Name <b>NELSON DOCK &amp; DOOR, INC.</b>					
Principal Place of Business <b>6520 CACCIATORE RD. TAMPA, FL 33625</b>			Mailing Address <b>6520 CACCIATORE RD. TAMPA, FL 33625</b>		
2. Principal Place of Business <b>5205 Durant Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>Nelson Dock + Door Inc</b> <b>5205 Durant Rd.</b> Suite, Apt. #, etc.			
City & State <b>Dover Fla</b>		City & State <b>Dover Fla</b>		4. FEI Number <b>56-2452619</b>	
Zip <b>33527</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NELSON, ENRIE L 6520 CACCIATORE RD. TAMPA, FL 33625</b>				7. Name and Address of New Registered Agent Name <b>ENRIE L. NELSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>5205 DURANT RD</b> <b>Dover</b> City <b>FL 33527</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NELSON, ENRIE L 6520 CACCIATORE RD. TAMPA, FL 33625</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NELSON ENRIE L 5205 Durant Rd. Dover Fla 33527</b> <input checked="" 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	
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)(i), 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.					
<b>SIGNATURE: E. Lee Nelson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8-30-05 813-323-1431</b> <small>Date Daytime Phone #</small>		

ATTACHMENT

50065043

#004000047434 9/1/05

To whom it may concern at the  
Divisions of Corporations;

We did not receive notice that  
we had to file a 2005 for Profit  
Corporation Report. Our notice came  
in August 2005.

Being new to the area and no  
formal notice given we did not fill  
out the report and send it to you.

We are doing so now. It is our  
hope that you will waive the late  
fee since you did not inform us  
in a timely manner.

Thank you for your time and  
attention in this matter

E. Lee Nelson

*E. Lee Nelson*

Nelson Dock and Dock INC.