

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90242 007 ***150.00

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1. Entity Name
**NIELSEN CLASSIC & CONTEMPORARY FURNITURE,
INC.**



Principal Place of Business

**1549 STATE STREET
SARASOTA, FL 34236**

Mailing Address

**244 SHOPPING AVENUE #367
SARASOTA, FL 34237**

4000000000



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number
81-0676134

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NIELSEN, KIM T
232 CEDAR PARK CIRCLE
SARASOTA, FL 34242**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NIELSEN, KIM T
STREET ADDRESS	232 CEDAR PARK CIRCLE
CITY - ST - ZIP	SARASOTA, FL 34242
TITLE	VP
NAME	NIELSEN, OLGA
STREET ADDRESS	232 CEDAR PARK CIRCLE
CITY - ST - ZIP	SARASOTA, FL 34242
TITLE	CEO
NAME	NIELSEN, KIM
STREET ADDRESS	232 CEDAR PARK CIRCLE
CITY - ST - ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 supplied 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 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Nielsen

4/16/07

Date

the information
officer or director
Block 10 or Block 11 if

41955-2600

Phone #