


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

07-25-2005 90101 013 ***150.00

DOCUMENT # P04000159287 1. Entity Name NELSON CONSTRUCTION SERVICES CORPORATION					
Principal Place of Business 16502 CRISTIE PLACE ODESSA, FL 33556			Mailing Address 16502 CRISTIE PLACE ODESSA, FL 33556		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent NELSON, LARRY E 16502 CRISTIE PLACE ODESSA, FL 33556				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 20-1955142	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, LARRY E 16502 CRISTIE PLACE ODESSA, FL 33556		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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	
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.					
SIGNATURE: <i>Larry E. Nelson</i> LARRY E. NELSON <i>7/14/05</i> (813) 920-4557 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

06026319

NELSON CONSTRUCTION SERVICES CORPORATION

16502 Cristie Place
Odessa, Fl. 33556

Certified Letter with Return Receipt

July 20, 2005

Florida Department of State
Division Of Corporation
P.O. Box 6198
Tallahassee, Fl. 32314

Re: 2005 Annual Report
#P04000159287

Gentlemen:


As per telephone conversation today with your staff, enclosed please find our check in the amount of \$150.00 to cover for our subject Annual Reports.

Please be advised that as of the date of this letter we never received your previous renewals reports.

Your prompt processing of our corporation will be greatly appreciated.

Truly yours,

NELSON CONSTRUCTION SERVICES CORPORATION


Larry E. Nelson
President