

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000044055

1. Entity Name  
TOM NELSON PAINTING, INC.



Principal Place of Business  
1141 CENTRAL PARK DRIVE  
SANFORD, FL 32771

Mailing Address  
1141 CENTRAL PARK DRIVE  
SANFORD, FL 32771

**DO NOT WRITE IN THIS SPACE**



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3186542

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NELSON, THOMAS B  
1141 CENTRAL PARK DRIVE  
SANFORD, FL 32771

**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, 2008 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	NELSON, THOMAS B
STREET ADDRESS	444 RIDGE FOREST COURT
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	ST
NAME	NELSON, DENISE A
STREET ADDRESS	444 RIDGE FOREST COURT
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000886637  
04/18/08-80065-014 150.00

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-08

407-322-3599