2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000006646

SAPIENZA, MICHAEL

ALACHUA, FL 32615

11045 NORTHWEST 60TH DRIVE

Name:

Address:

City-St-Zip:

Entity Name: NELSON AND AFFILIATES, INC.

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4025 NW PASSAGE TALLAHASSEE, FL 32303 US **Current Mailing Address: New Mailing Address:** 4025 NORTHWEST PASSAGE 4025 NW PASSAGE TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 US FEI Number: 59-3290782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NELSON, RICK NELSON, RICK 3762 CHASE RIDGE CT 1344 CONSTITUTION PLACE TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32308 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: 04/09/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition NELSON, RICK Name: Name: 4025 NORTHWEST PASSAGE Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: WOOD, GARY Name: 157 BERT RIDGE ROAD Address: Address: HAVANA, FL 32333 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition FLECK, JARED C Name: Name: 4025 NORTHWEST PASSAGE Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICK NELSON PRES 04/09/2009