## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

	ANNUAL R	Jan 09, 2007 08:00					
DOCUMENT # P95000023372  1. Entity Name NELSON HEATING AC INC.					Se	ecretary	of Stat
5782 W. ME	EADOW PARK	Maiting Address 5782 W. MEADOW PARK CRYSTAL RIVER, FL 34429					
DO NOT WRITE IN THIS SPA			CE	01032007 4. FEI Numb 59-154		CR2E034 (11/0	Applied For Not Applicable Additional
6. Name and Address of Current Registered Agent UPTON, NELSON 7720 NO. MOONWIND TERRACE DUNNELLON, FL 34443					NOT W THIS SP	"	
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							
FILE NUMBER FEE IS A 130.00		Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10. TILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD UPTON, NELSON 5782 W. MEADOWPARK LANE CRYSTAL RIVER, FL 34429	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UPTON, THOMAS 10138 N. EODTY TERR DUNNELLON, FL 34443				U00000: 01/09/07-1	578835 80044-011 (	150.00
NITLE NAME SIREET ADDRESS CITY-ST-ZIP	***************************************				NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	
DILE NAME SIREET ADDRESS CITY-ST-ZEP				<b>~</b>			.'
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12. I hereby certify that the information supplied with this fitting does not qualify for the examptions 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 eath; 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.

CICNATUDE

NAME. STREET ADDRESS CITY+ST-ZIP

MONATURE AND TYPED CONTROLLED NAME OF SIGNAMA OFFICER OR DESECTION

1/4/07

352 795 1703