

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000007416

1. Entity Name

NELSON'S PRINTING SERVICES, INC.



Principal Place of Business

6827 BAKERSFIELD DRIVE
JACKSONVILLE, FL 32210

Mailing Address

6827 BAKERSFIELD DRIVE
JACKSONVILLE, FL 32210



01242007

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3356985

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

NELSON, GEORGE H
6827 BAKERSFIELD DRIVE
JACKSONVILLE, FL 32210

**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

U00000605495
01/30/07-80037-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NELSON, GEORGE H
STREET ADDRESS	6827 BAKERSFIELD DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VTSD
NAME	NELSON, SYLVIA
STREET ADDRESS	6827 BAKERSFIELD DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
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 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:

George H. Nelson 1/24/07 (904) 786-5376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #