



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 8:00 am
Secretary of State

03-31-2008 90041 009 ***150.00

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	66007593  02272008 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3356985 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
5. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD NELSON, GEORGE H 6827 BAKERSFIELD DRIVE JACKSONVILLE, FL 32210	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTSD NELSON, SYLVIA 6827 BAKERSFIELD DRIVE JACKSONVILLE, FL 32210	
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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: <i>Sylvia E Nelson</i> Secretary/Treasurer 4-16-08 (904) 786-5376 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		