


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90029 016 ***150.00

DOCUMENT # P96000055088 1. Entity Name NELSON-KIRWAN, INC.					
Principal Place of Business 1958 TRADE CENTER WAY #206 NAPLES, FL 34109			Mailing Address 7790 CAMERON CIR FORT MYERS, FL 33912		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 12950 Timber Ridge Dr			
City & State		City & State Ft. Myers, FL		4. FEI Number 65-0681714	
Zip 33913		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRWAN, EUGENE P 7790 CAMERON CIRCLE FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name Eugene P. Kirwan Street Address (P.O. Box Number is Not Acceptable) 12950 Timber Ridge Dr. City Ft. Myers FL 33913		
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: 				DATE: 01-26-05	
FILE NOW!!! FEE IS \$150.00 After May 3, 2005 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KIRWAN, EUGENE P 241 GOLDEN GATE BLVD W NAPLES, FL 34120	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Kirwan, Eugene P. 12950 Timber Ridge Dr Ft. Myers, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				DATE: 01-26-05	