

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2008 8:00 am
Secretary of State

06-26-2008 90001 039 ***150.00

DOCUMENT # P96000055088

1. Entity Name
NELSON-KIRWAN, INC.



Principal Place of Business
**12950 TIMBER RIDGE DR
FORT MYERS, FL 33913**

Mailing Address
**12950 TIMBER RIDGE DRIVE
FORT MYERS, FL 33913**

2. Principal Place of Business - No P.O. Box #

12960 Commerce Lakes Dr

3. Mailing Address

(Same)

Suite, Apt. #, etc.

Suite #5

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Zip

33913

Country

US

Zip

Country

05212008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0681714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIRWAN, EUGENE P
12950 TIMBER RIDGE DRIVE
FORT MYERS, FL 33913**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **KIRWAN, EUGENE P**
STREET ADDRESS **12950 TIMBER RIDGE DRIVE**
CITY-ST-ZIP **FORT MYERS, FL 33913**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

Gene P. Kirwan
Gene P. Kirwan

06-24-2008

239.225.2886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #