

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90319 013 ***150.00

DOCUMENT # P96000085334

1. Entity Name
RONALD L. NELSON, P.A.



Principal Place of Business
**341 THIRD STREET SOUTH
ST. PETERSBURG, FL 33701 US**

Mailing Address
**341 THIRD STREET SOUTH
ST. PETERSBURG, FL 33701 US**

50025138



03082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
**150 2nd Ave North
Suite 810**

3. Mailing Address
**150 2nd Ave North
Suite 810**

City & State
St. Petersburg, FL
Zip
33701
Country
U.S.

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St. Petersburg, FL
Zip
33701
Country
U.S.

4. FEI Number
59-3409753
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, RONALD L
341 THIRD STREET SOUTH
ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name
Ronald L. Nelson
Street Address (P.O. Box Number is Not Acceptable)
150 2nd Ave North, Suite 810
City
St. Petersburg FL Zip Code
33701

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
NELSON, RONALD L
STREET ADDRESS
341 THIRD STREET SOUTH
CITY-ST-ZIP
ST. PETERSBURG, FL 33701

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
Ronald L. Nelson
STREET ADDRESS
150 2nd Ave North, Suite 810
CITY-ST-ZIP
St. Petersburg, FL 33701

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-05 (12) 5989292