

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-08-2004 90187 031 ***150.00

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1. Entity Name
NELSON FINANCIAL SERVICES, INC.



Principal Place of Business
**C/O MR. RONALD A. NELSON
4172 OAK STREET
PALM BEACH GARDENS, FL 33418**

Mailing Address
**C/O MR. RONALD A. NELSON
4172 OAK STREET
PALM BEACH GARDENS, FL 33418**

66430329



DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0781394** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARBONE, DANIEL F.
2655 NORTH OCEAN DRIVE SUITE 300
SINGER ISLAND, FL 33404**

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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
Due by September 8, 2004**

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	D
NAME	NELSON, RONALD A
STREET ADDRESS	4172 OAK STREET
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	NELSON, MARIE A
STREET ADDRESS	4172 OAK STREET
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	NELSON, BRADLEY K
STREET ADDRESS	4172 OAK STREET
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Ronald A Nelson, President