

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057518

Entity Name: ORIS NELSON ENTERPRISE, INC.

FILED
Jan 20, 2006
Secretary of State

Current Principal Place of Business:

511 N INDIAN RIVER DR
STE A
FORT PIERCE, FL 34950

New Principal Place of Business:

511 N INDIAN RIVER DR
STE A
FORT PIERCE, FL 34950

Current Mailing Address:

511 N INDIAN RIVER DR
STE A
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0853085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, ORIS L
8945 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NELSON, ORIS L
Address: 8945 SOUTH INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: VP () Delete
Name: NELSON, DAVID G
Address: 33 SOUTH WEST CRESTVIEW ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP () Delete
Name: ANDERSON, BART M
Address: 4388 GATOR TRACE LANE
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BART ANDERSON

V.P.

01/20/2006

Electronic Signature of Signing Officer or Director

Date