

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057518

FILED  
Jan 20, 2006  
Secretary of State

Entity Name: ORIS NELSON ENTERPRISE, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## 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 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