

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P99000042269**

1. Entity Name  
**NILSSON TRUST, INC.**



Principal Place of Business  
**23205 FOUNTAIN VIEW  
APT #E  
BOCA RATON, FL 33433**

Mailing Address  
**PO BOX 1420  
POMPANO BEACH, FL 33441**

**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1013286**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHREIBER, FRANCES I  
23205 FOUNTAIN VIEW  
APT # E  
BOCA RATON, FL 33433**

**DO NOT WRITE  
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 renewing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$350.00**

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

000000702024

04/20/07-80082-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>SCHREIBER, FRANCES I</b>
STREET ADDRESS	<b>23205 FOUNTAIN VIEW</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 807, 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: **F. I. SCHREIBER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04.10.2007** **367-8118**  
Date Daytime Phone #

**WILLIAM WELBORN**  
**SECRETARY OF STATE**