


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90046 017 ***150.00

| | |
|---|---|
| DOCUMENT # P99000099436 1. Entity Name NELCO ELECTRIC, INC. |  |
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| Principal Place of Business 24120 PRODUCTION CIR UNIT 1 BONITA SPRINGS, FL 34135 | Mailing Address 24120 PRODUCTION CIR UNIT 1 BONITA SPRINGS, FL 34135 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

01102007 Chg-P CR2E034 (12/06)

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|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 65-0961789 | Applied For <input type="checkbox"/> Not Applicable |
|--------------|--------------|------------------------------------|--|

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|-----|---------|-----|---------|--|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|-----|---------|-----|---------|--|

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|---|---|
| 6. Name and Address of Current Registered Agent NELSON, DALE M 20520 TANGLEWOOD LANE ESTERO, FL 33928 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|-------------------------|---------------------------------|--|---|--|---|--|
| TITLE | D NELSON, DALE M | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | NELSON, DALE M | | | NAME | | | |
| STREET ADDRESS | 20520 TANGLEWOOD LANE | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | ESTERO, FL 33928 | | | CITY - ST - ZIP | | | |
| TITLE | D NELSON, CHARLES E | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | NELSON, CHARLES E | | | NAME | | | |
| STREET ADDRESS | 20520 TANGLEWOOD LANE | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | ESTERO, FL 33928 | | | CITY - ST - ZIP | | | |
| TITLE | D COURTER, DARRELL K | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COURTER, DARRELL K | | | NAME | | | |
| STREET ADDRESS | 5625 7THJ AVE | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | FORT MYERS, FL 33907 | | | CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |

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 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: Dale Nelson - Dale Nelson 3/1/07 239-947-3664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #