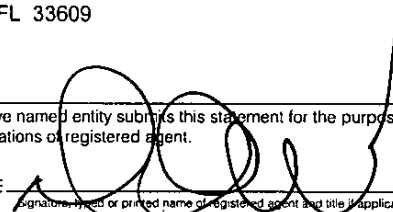
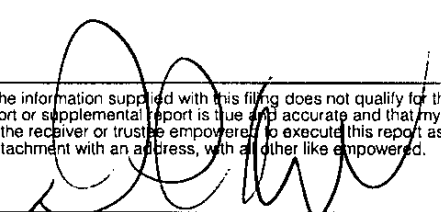


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90027 004 ***150.00

DOCUMENT # P99000105490 1. Entity Name NELCO DEVELOPMENT COMPANY																													
Principal Place of Business 4128 W KENNEDY BLVD. TAMPA, FL 33609			Mailing Address 4128 W KENNEDY BLVD. TAMPA, FL 33609																										
2. Principal Place of Business 403 W. Dr. MLK Jr. Blvd. Suite, Apt. #, etc.		3. Mailing Address 403 W. Dr. MLK Jr. Blvd. Suite, Apt. #, etc.																											
City & State Tampa, Florida		City & State Tampa, Florida		4. FEI Number 59-3620880																									
Zip 33603		Country Hillborough		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent NELSON, DANIELS 4128 W KENNEDY BLVD. TAMPA, FL 33609				7. Name and Address of New Registered Agent Name Nelson, Daniel Street Address (P.O. Box Number is Not Acceptable) 403 W. Dr. MLK Jr. Blvd. City Tampa																									
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 				DATE 2/7/2005																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PSTD</td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>NELSON, DANIEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4128 W. KENNEDY BLVD.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TAMPA, FL 33609</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PSTD</td> <td style="width: 10%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Nelson, Daniel</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>403 W. Dr. MLK Jr. Blvd.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>Tampa, Florida 33603</td> <td></td> </tr> </table>						TITLE	PSTD	☐ Delete	NAME	NELSON, DANIEL		STREET ADDRESS	4128 W. KENNEDY BLVD.		CITY- ST- ZIP	TAMPA, FL 33609		TITLE	PSTD	☒ Change ☐ Addition	NAME	Nelson, Daniel		STREET ADDRESS	403 W. Dr. MLK Jr. Blvd.		CITY- ST- ZIP	Tampa, Florida 33603	
TITLE	PSTD	☐ Delete																											
NAME	NELSON, DANIEL																												
STREET ADDRESS	4128 W. KENNEDY BLVD.																												
CITY- ST- ZIP	TAMPA, FL 33609																												
TITLE	PSTD	☒ Change ☐ Addition																											
NAME	Nelson, Daniel																												
STREET ADDRESS	403 W. Dr. MLK Jr. Blvd.																												
CITY- ST- ZIP	Tampa, Florida 33603																												
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																										
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																										
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																										
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				DATE 2/7/2005																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 813 281-2753																									

400100J



01122005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Nelson, Daniel
Street Address (P.O. Box Number is Not Acceptable)
403 W. Dr. MLK Jr. Blvd.
City
Tampa
FL
Zip Code
33603

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.

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ Delete
NAME	NELSON, DANIEL	
STREET ADDRESS	4128 W. KENNEDY BLVD.	
CITY- ST- ZIP	TAMPA, FL 33609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	☒ Change ☐ Addition
NAME	Nelson, Daniel	
STREET ADDRESS	403 W. Dr. MLK Jr. Blvd.	
CITY- ST- ZIP	Tampa, Florida 33603	