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

4UU1bbJ(

Principal Place of Business	Mailing Address
4128 W KENNEDY BLVD. TAMPA, FL 33609	4128 W KENNEDY BLVD. TAMPA, FL 33609

01122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
403 W. Dr. MLK Jr. Blvd. (Suite, Apt. #, etc.)		403 W. Dr. MLK Jr. Blvd. (Suite, Apt. #, etc.)	
City & State: Tampa, Florida		City & State: Tampa, Florida	
Zip: 33603	Country: Hillsborough	Zip: 33603	Country: Hillsborough

4. FEI Number 59-3620880 ☐ Applied For ☐ Not Applicable

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 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.

SIGNATURE ______________________ 2/7/2005
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE	PSTD	☒ Change ☐ Addition
NAME	NELSON, DANIEL		NAME	Nelson, Daniel	
STREET ADDRESS	4128 W. KENNEDY BLVD.		STREET ADDRESS	403 W. Dr. MLK Jr. Blvd.	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	Tampa, Florida 33603	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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: ______________________ 2/7/2005 813 281-2753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #