

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109654

FILED
Jan 21, 2007
Secretary of State

Entity Name: NELSON CUSTOM INSTALLATION, INC.

Current Principal Place of Business:

766 86TH AVE N
SAINT PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21217
SAINT PETERSBURG, FL 33742

New Mailing Address:

P.O. BOX 46522
SAINT PETERSBURG BEACH, FL 33741

FEI Number: 59-3618390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, ROBERT R
766 86TH AVENUE NORTH
ST PETERSBURG, FL 33702 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: OP () Delete
Name: NELSON, ROBERT R
Address: 766 86TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: MCGARR, SEAN P OFFICER
Address: 6300 EMERSON AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33705 US

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: ROBERT R NELSON

OP

01/21/2007

Electronic Signature of Signing Officer or Director

_____ Date