
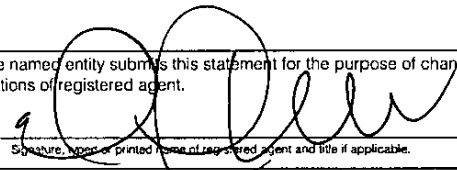
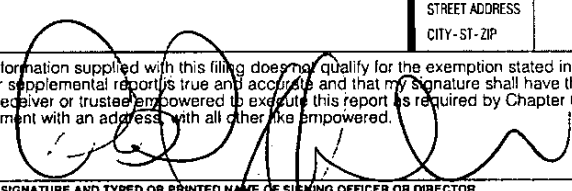


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-11-2005 90027 003 \*\*\*150.00

|   |                                 |   |  |   |  |
|---|---------------------------------|---|--|---|--|
| <b>DOCUMENT # S14327</b><br>1. Entity Name<br><b>NELCO DIVERSIFIED, INC.</b>  |                                 |   |  |    |  |
| Principal Place of Business<br><b>4128 W KENNEDY BLVD.</b><br><b>TAMPA, FL 33609</b>  |                                 |   | Mailing Address<br><b>4128 W KENNEDY BLVD.</b><br><b>TAMPA, FL 33609</b>   |   |  |
| 2. Principal Place of Business<br><b>403 W. Dr. MLK Jr. Blvd.</b><br><small>Suite, Apt. #, etc.</small>   |                                 | 3. Mailing Address<br><b>403 W. Dr. MLK Jr. Blvd.</b><br><small>Suite, Apt. #, etc.</small> |  |   |  |
| City & State<br><b>Tampa, Florida</b>   |                                 | City & State<br><b>Tampa, Florida</b>   |  | 4. FEI Number<br><b>59-3053941</b>  |  |
| Zip<br><b>33603</b>   | Country<br><b>Hillsborough</b>  | Zip<br><b>33603</b>   | Country<br><b>Hillsborough</b>   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NELSON, DANIEL</b><br><b>4128 W KENNEDY BLVD.</b><br><b>TAMPA, FL 33609</b>   |                                 |   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Nelson, Daniel</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>403 W. Dr. MLK Jr. Blvd.</b><br><br>City<br><b>Tampa</b> |  |
| 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 <b>2/7/2005</b>  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                                 |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |  |
| 10. OFFICERS AND DIRECTORS  |                                 |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>D<br>NAME<br>NELSON, DANIEL<br>STREET ADDRESS<br>4128 W KENNEDY BLVD.<br>CITY-ST-ZIP<br>TAMPA, FL 33609  | <input type="checkbox"/> Delete |   | TITLE<br>P<br>NAME<br>Nelson, Daniel<br>STREET ADDRESS<br>403 W. Dr. MLK Jr. Blvd.<br>CITY-ST-ZIP<br>Tampa, FL 33603 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>VP<br>NAME<br>HALL, STEVE<br>STREET ADDRESS<br>4128 W. KENNEDY BLVD.<br>CITY-ST-ZIP<br>TAMPA, FL 33609   | <input type="checkbox"/> Delete |   | TITLE<br>VP<br>NAME<br>Hall, Steve<br>STREET ADDRESS<br>403 W. Dr. MLK Jr. Blvd.<br>CITY-ST-ZIP<br>Tampa, FL 33603   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>_____<br>NAME<br>_____<br>STREET ADDRESS<br>_____<br>CITY-ST-ZIP<br>_____  | <input type="checkbox"/> Delete |   | TITLE<br>_____<br>NAME<br>_____<br>STREET ADDRESS<br>_____<br>CITY-ST-ZIP<br>_____                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>_____<br>NAME<br>_____<br>STREET ADDRESS<br>_____<br>CITY-ST-ZIP<br>_____  | <input type="checkbox"/> Delete |   | TITLE<br>_____<br>NAME<br>_____<br>STREET ADDRESS<br>_____<br>CITY-ST-ZIP<br>_____                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>_____<br>NAME<br>_____<br>STREET ADDRESS<br>_____<br>CITY-ST-ZIP<br>_____  | <input type="checkbox"/> Delete |   | TITLE<br>_____<br>NAME<br>_____<br>STREET ADDRESS<br>_____<br>CITY-ST-ZIP<br>_____                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>_____<br>NAME<br>_____<br>STREET ADDRESS<br>_____<br>CITY-ST-ZIP<br>_____  | <input type="checkbox"/> Delete |   | TITLE<br>_____<br>NAME<br>_____<br>STREET ADDRESS<br>_____<br>CITY-ST-ZIP<br>_____                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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 <b>2/7/2005</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                 |   | 813 281-2753<br><small>Daytime Phone #</small>   |   |  |