

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S14327

**Entity Name:** NELCO DIVERSIFIED, INC.

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

403 W. DR MLK JR.BLVD  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

403 W. DR MLK JR.BLVD  
TAMPA, FL 33603

**New Mailing Address:**

**FEI Number:** 59-3053941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NELSON, DANIEL  
403 W. DR. MLK JR. BLVD  
TAMPA, FL 33603 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: NELSON, FELIX  
Address: 403 W. DR. MLK JR. BLVD  
City-St-Zip: TAMPA, FL 33603

Title: CFOP  
Name: NELSON, DANIEL  
Address: 403 W. DR. MLK JR. BLVD  
City-St-Zip: TAMPA, FL 33603

Title: COOV  
Name: HALL, STEVE  
Address: 403 W. DR. MLK JR. BLVD  
City-St-Zip: TAMPA, FL 33603

I hereby 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 all other like empowered.

SIGNATURE: DANIEL NELSON

CFOP

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date