

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90079 024 ***150.00

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1. Entity Name
NELLIE'S RETIRED INN, INC.



Principal Place of Business
P.O. BOX 524
MONTICELLO, FL 32344

Mailing Address
P.O. BOX 524
MONTICELLO, FL 32344

40014727



DO NOT WRITE IN THIS SPACE

01212005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3085053

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GLADYS, ROANN
ROUTE 2 BOX 199 STATE LINE RD
MONTICELLO, FL 32344

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IN THIS SPACE**

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 Gladys Roann
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-28-05
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

TITLE P
NAME MITCHELL, NELLIE M
STREET ADDRESS PO BOX 524
CITY-ST-ZIP MIDWAY, FL 32343

TITLE D
NAME WATKINS, BARBARA
STREET ADDRESS ROUTE 2 BOX 200
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE D
NAME MCCALL, ANNIE
STREET ADDRESS 317 MAGNOLIA STREET
CITY-ST-ZIP THOMASVILLE, GA 31792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Gladys Roann Gladys Roann 1-28-05 850-997-3422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #