2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S83967

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

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

DO NOT WRITE IN THIS SPACE

01122006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3085053	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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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 _____

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, 2006 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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   1-20-06

850- 997-3422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #