

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S83967

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

**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000955431  
07/17/08-80002-019 550.00

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Nellie Mitchell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-08

Date

Daytime Phone #