2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# S83967

Entity Name: NELLIE'S RETIRED INN, INC.

Current Principal Place of Business:

P.O. BOX 524
MONTICELLO, FL 32344

New Principal Place of Business:

1600 STATE LINE ROAD
MONTICELLO, FL 32344

Current Mailing Address:

P.O. BOX 524
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-3085053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MITCHELL, NELLIE M
Address: PO BOX 524
City-St-Zip: MIDWAY, FL 32343

Title: D ( ) Delete
Name: WATKINS, BARBARA
Address: ROUTE 2 BOX 200
City-St-Zip: MONTICELLO, FL 32344

Title: D ( ) Delete
Name: MCCALL, ANNIE
Address: 317 MAGNOLIA STREET
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ROANN, GLADYS
Address: 1600 STATE LINE RD
City-St-Zip: MONTICELLO, FL 32344

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GLADYS ROANN D 01/26/2009

Electronic Signature of Signing Officer or Director — Date