


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # J26328 1. Entity Name NICHOLAS CONTRACTING, INC.	
---	---



Principal Place of Business 1003 HASTINGS CT. LUTZ FL 33548	Mailing Address 1003 HASTINGS CT. LUTZ FL 33548
---	---

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2735668
Suite, Apt. #, etc	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

6. Name and Address of Current Registered Agent

WAGGONER, STEVEN E.
18125 HWY. 41 N.
SUITE 109
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name _____

Street Address (P O Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete	NAME NICHOLAS, EMORY W.
STREET ADDRESS		1003 HASTINGS CT.
CITY - ST - ZIP		LUTZ FL
TITLE	VST <input type="checkbox"/> Delete	NAME NICHOLAS, LINDA M.
STREET ADDRESS		1003 HASTINGS CT.
CITY - ST - ZIP		LUTZ FL
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP

110000452642
03/13/06-80008-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Emory W. Nicholas* 2-22-06 813-949-8118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #