
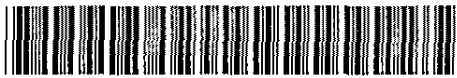


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2735668 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WAGONER, STEVEN E. 18125 HWY. 41 N. SUITE 109 LUTZ FL 33549			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE-Registered Agent Signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	NICHOLAS, EMORY W.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS	1003 HASTINGS CT.	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY ST ZIP	LUTZ FL	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY ST ZIP	LUTZ FL	CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE	VST <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	NICHOLAS, LINDA M.	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS	1003 HASTINGS CT.	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY ST ZIP	LUTZ FL	CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY ST ZIP		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY ST ZIP		CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY ST ZIP		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY ST ZIP		CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		



1st MOORE CR2E034 (10/06)

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: _____ **1-30-07** **813-949-8118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #