

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # K37370	
1. Entity Name NICKERSON BUSINESS SYSTEMS, INC.	

Principal Place of Business 2525 DRANEFIELD RD SUITE 10 LAKELAND, FL 33811 US	Mailing Address 2525 DRANE FIELD RD SUITE 10 LAKELAND, FL 33811 US
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03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2912400	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NICKERSON, CONNIE A 9004 IRBY LANE EAST LAKELAND, FL 33811
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**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 _____ (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**

**U00000526162
05/04/06-80062-024 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRES NICKERSON, CONNIE A 2525 DRANE FIELD RD STE 10 LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V/P NICKERSON, RODNEY 2525 DRANE FIELD RD STE 10 LAKELAND, FL 33811
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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: *Connie A. Nickerson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-06 *863-644-1120*
Date Daytime Phone #