


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # K88115  
 1. Entity Name  
 JAMES M. NICHOLAS, P.A.



Principal Place of Business 1790 HWY A1A STE 202 SATELLITE BEACH, FL 32937 US	Mailing Address 1790 HWY A1A STE 202 SATELLITE BEACH, FL 32937 US
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**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2947273	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NICHOLAS, JAMES M.  
 1790 HWY A1A  
 STE 202  
 SATELLITE BEACH, FL 32937

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000585827  
 01/16/07-80028-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NICHOLAS, JAMES M. 1790 HWY A1A STE 202 SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST NICHOLAS, JAMES M. 1790 HWY A1A STE 202 SATELLITE BEACH, FL 32937
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**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  DATE 11 January 07 (821) 777-6339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #