

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # L40548

1. Entity Name
DAVIDSON, NICK & CO., C.P.A.'S, INC.



Principal Place of Business
**2400 TAMiami TRAIL NORTH
#201
NAPLES, FL 34103 US**

Mailing Address
**2400 TAMiami TRAIL NORTH
#201
NAPLES, FL 34103 US**



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0160883

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIDSON, JAMES D.
2400 TAMiami TRAIL NORTH
#201
NAPLES, FL 34103**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIDSON, JAMES D.
STREET ADDRESS	10123 BOCA CIRCLE
CITY - ST - ZIP	NAPLES, FL
TITLE	VP
NAME	NICK, PAUL
STREET ADDRESS	9790 WINCHESTER WOOD
CITY - ST - ZIP	NAPLES, FL
TITLE	ST
NAME	NICK, PAUL
STREET ADDRESS	9790 WINCHESTER WOOD
CITY - ST - ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000632438
02/21/07-80061-021 150.00

**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: **JAMES D. DAVIDSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #