

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # L40548 1. Entity Name DAVIDSON, NICK & CO., C.P.A.'S, INC.	
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Principal Place of Business 2400 TAMiami TRAIL NORTH #201 NAPLES, FL 34103 US	Mailing Address 2400 TAMiami TRAIL NORTH #201 NAPLES, FL 34103 US
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDSON, JAMES D. 10123 BOCA CIRCLE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICK, PAUL 9790 WINCHESTER WOOD NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NICK, PAUL 9790 WINCHESTER WOOD NAPLES, FL
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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: *Paul C. Nick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____