

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L90207

FILED  
Jan 07, 2007  
Secretary of State

Entity Name: NICHOLS AUTO SALES, INC.

**Current Principal Place of Business:**

13926 MARTIN LUTHER KING JR. BLVD.  
DOVER, FL 33527

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1506  
DOVER, FL 33527

**New Mailing Address:**

FEI Number: 59-3029580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICHOLS, LEWIS T., JR.  
13926 MLK BLVD  
BOX 1506  
DOVER, FL 33527 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NICHOLS, LEWIS T., J. R.  
Address: 2312 WASHINGTON ROAD  
City-St-Zip: VALRICO, FL 33594 US

Title: ST ( ) Delete  
Name: NICHOLS, GUNHILD  
Address: 2312 WASHINGTON RD.  
City-St-Zip: VALRICO, FL 33594 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUNHILD NICHOLS

ST

01/07/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date