
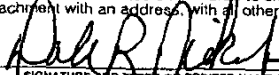


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90220 042 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000120199 1. Entity Name D R NICKELSON & COMPANY, INC		
Principal Place of Business RT 13 BOX 991 W LAKE CITY AVENUE LAKE CITY, FL 32055		Mailing Address P O BOX 1744 LAKE CITY, FL 32056
2. Principal Place of Business 229 NW Wilks Lane	3. Mailing Address Suite, Apt. #, etc.	
City & State Lake City, FL	City & State	
Zip 32025	Country US	4. FEI Number 30-0006404
6. Name and Address of Current Registered Agent NICKELSON, DALE R RT 9 WALTER & BRADSHAW LAKE CITY, FL 32024		7. Name and Address of New Registered Agent Name Dale R. Nickelson Street Address (P.O. Box Number is Not Acceptable) 467 SW Walter Ave City Lake City FL Zip Code 32024
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P	<input type="checkbox"/> Delete NAME NICKELSON, DALE STREET ADDRESS RT 9 WALTER & BRADSHAW CITY - ST - ZIP LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE P NAME Nickelson, Dale STREET ADDRESS 467 SW Walter Ave CITY - ST - ZIP Lake City FL 32024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		4-25-05 Date
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>