

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90022 005 \*\*\*150.00

DOCUMENT # P02000028354  
 1. Entity Name  
 NICK'S GAS SERVICE & REPAIR, INC.



Principal Place of Business Mailing Address  
 63 LAKE SHORE DRIVE 63 LAKE SHORE DRIVE  
 PALM HARBOR, FL 34684 PALM HARBOR, FL 34684

64011103

2. Principal Place of Business 3. Mailing Address  
 116637 NIKKI LANE 116637 NIKKI LANE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



01072004 Chg-P CR2E034 (10/03)

City & State City & State  
 ODESSA, FL ODESSA, FL  
 Zip Country Zip Country  
 33556 33556

4. FEI Number Applied For  
 03-0399790 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
 NICODEMUS, DONALD  
 63 LAKE SHORE DRIVE 116637 NIKKI LANE  
 PALM HARBOR, FL 34684 ODESSA, FL 33556  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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: Donald Nicodemus 02-11-04  
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, 2004 Fee will be \$550.00  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICODEMUS, DONALD 63 LAKE SHORE DRIVE 116637 NIKKI LN PALM HARBOR, FL 34684 ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Donald Nicodemus Donald Nicodemus 02-11-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #