


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000028354**


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



Principal Place of Business      Mailing Address

16637 NIKKI LANE      16637 NIKKI LANE  
 ODESSA, FL 33556      ODESSA, FL 33556

**DO NOT WRITE IN THIS SPACE**



02072008    No Chg-P    CR2E034 (11/05)

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

NICODEMUS, LOLA M  
 16637 NIKKI LANE  
 ODESSA, FL 33556

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NICODEMUS, LOLA M
STREET ADDRESS	16637 NIKKI LN
CITY-STATE-ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000846535  
 03/18/08-80031-022 150.00

**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:** *Lola Nicodemus*      **Lola Nicodemus**      **02-27-08**      **727-798-4009**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #