

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028354

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

16637 NIKKI LANE  
ODESSA, FL 33556

**New Principal Place of Business:**

16637 NIKKI LANE  
ODESSA, FL 33556 US

**Current Mailing Address:**

16637 NIKKI LANE  
ODESSA, FL 33556

**New Mailing Address:**

16637 NIKKI LANE  
ODESSA, FL 33556 US

**FEI Number:** 03-0399790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICODEMUS, DONALD W  
16637 NIKKI LANE  
ODESSA, FL 33556 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NICODEMUS, LOLA  
Address: 16637 NIKKI LN  
City-St-Zip: ODESSA, FL 33556 US

Title: VP  
Name: NICODEMUS, DONALD  
Address: 16637 NIKKI LN  
City-St-Zip: ODESSA, FL 33556 US

I hereby 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 all other like empowered.

SIGNATURE: LOLA NICODEMUS

P

01/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date