## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 30, 2004 08:00 AM **DOCUMENT # P02000071273 Secretary of State** THOMAS NIKLA CONTRACTING, INC. Mailing Address Principal Place of Business 4847 HOYER DR. 4847 HOYER DR. SARASOTA, FL 34241 SARASOTA, FL 34241 CR2E034 (10/03) 01242004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0020462 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE NIKLA, THOMAS F 4847 HOYER DR. SARASOTA, FL 34241 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. DATE Synature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS PTO NIKLA, THOMAS F NAME 4847 MOYER DRIVE UN0000022283 STREET ADDRESS SARASOTA, FL 34241 ŭi/30/04-80037-020 **150.0**0 CITY-ST-ZIP TITLE NIKLA, JANET J NAME 4847 MOYER DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL. 34241 TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Thomas Frille

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

THOMAS F NIKCA

1-23-04

941-923-7259

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**FILED**