

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K88115

**Entity Name:** JAMES M. NICHOLAS, P.A.

**Current Principal Place of Business:**

7862 W. IRLO BRONSON MEMORIAL HWY  
SUITE 333  
KISSIMMEE, FL 34747

**Current Mailing Address:**

7862 W. IRLO BRONSON MEMORIAL HWY  
SUITE 333  
KISSIMMEE, FL 34747 US

**FEI Number:** 59-2947273

**Certificate of Status Desired:** No

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

NICHOLAS, JAMES M.  
3086 PIRATE WAY  
KISSIMMEE, FL 34747 US

*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

**Officer/Director Detail :**

Title DP  
Name NICHOLAS, JAMES M.  
Address 7862 W. IRLO BRONSON MEMORIAL HWY SUITE 333  
City-State-Zip: KISSIMMEE FL 34747

Title ST  
Name NICHOLAS, ROBIN COLLEEN  
Address 7862 W. IRLO BRONSON MEMORIAL HWY SUITE 333  
City-State-Zip: KISSIMMEE FL 34747

Title VP  
Name CHANCE, PATRICIA RYAN  
Address 7862 W. IRLO BRONSON MEMORIAL HWY SUITE 333  
City-State-Zip: KISSIMMEE FL 34747

Title SECRETARY  
Name NICHOLAS, DOROTHY A  
Address 7862 W. IRLO BRONSON MEMORIAL HWY SUITE 333  
City-State-Zip: KISSIMMEE FL 34747

*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:** JAMES M NICHOLAS

**PRESIDENT**

**02/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date