

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 253580

FILED  
May 04, 2005  
Secretary of State

Entity Name: NICHOLSON SUPPLY COMPANY, INC.

## Current Principal Place of Business:

225 EAST OAK STREET  
POST OFFICE BOX 155  
WAUCHULA, FL 338730155 US

## New Principal Place of Business:

## Current Mailing Address:

225 EAST OAK STREET  
POST OFFICE BOX 155  
WAUCHULA, FL 338730155 US

## New Mailing Address:

PO BOX 155  
WAUCHULA, FL 338730155 US

FEI Number: 59-0941587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICHOLSON, CHARLES C.  
225 EAST OAK ST.  
WAUCHULA, FL 33873 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: NICHOLSON, PENELOPE, R.  
Address: 3102 OAKS BEND  
City-St-Zip: BOWEING GREEN, FL

Title: PD ( ) Delete  
Name: NICHOLSON, CHARLES C.  
Address: 3102 OAKS BEND  
City-St-Zip: BOWLING GREEN, FL

Title: SD ( ) Delete  
Name: NICHOLSON, HELEN W.  
Address: OLD DIXIE HWY.  
City-St-Zip: WAUCHULA, FL

Title: T ( ) Delete  
Name: NICHOLSON, HELEN W.  
Address: OLD DIXIE HWY.  
City-St-Zip: WAUCHULA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES NICHOLSON

PD

05/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date