

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

03-25-2004 90011 030 ***150.00

DOCUMENT # 301575 1. Entity Name NICKOLIKIS INC	
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Principal Place of Business 1101 MAIN ST DAYTONA BEACH, FL 32118-4229	Mailing Address 1101 MAIN ST DAYTONA BEACH, FL 32118-4229
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66414997



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE# Number 59-1140134	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOUIZES, ZENO 324 NAUTILUS AVENUE DAYTONA BEACH, FL 32018

**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 *[Signature]* (NOTE: Registered Agent signature required when renewing) DATE 3-15-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOUIZES, ZENO 324 NAUTILUS AVE. DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOUIZI, ELLI 324 NAUTILUS AVE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOUIZES, JOYCE 324 NAUTILUS AVE. DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* Pres Date 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Daytime Phone #