

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 454661

1. Entity Name

JACK B. NICHOLS, PROFESSIONAL ASSOCIATION



Principal Place of Business
**801 N. MAGNOLIA AVE
STE 414
ORLANDO FL 32803
US**

Mailing Address
**P.O. BOX 33
ORLANDO FL 32802**



1st MOORE CR2E034 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1534743**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICHOLS, JACK B
801 N. MAGNOLIA AVE.
STE 414
ORLANDO FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NICHOLS, JACK B.
801 N MAGNOLIA AVE., #414
ORLANDO FL 32803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**U00000429764
02/22/06-80018-021 150.00** ☐ Change ☐ Add

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Jack B. Nichols

2-7-06 407 841- 8823