

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Jan 16, 2007 08:00 AM  
Secretary of State

DOCUMENT # 576872

1. Entity Name  
NICKEES AUTOMOTIVE CENTER, INC.



Principal Place of Business

5212 S. DIXIE HWY.  
W PALM BEACH, FL 33405

Mailing Address

5212 S. DIXIE HWY.  
W PALM BEACH, FL 33405



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1831900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETRIS, STEVE  
5214 S DIXIE HWY  
WEST PALM BEACH, FL 33405

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PETRIS, STEVE  
STREET ADDRESS 5212 S. DIXIE HWY.  
CITY-ST-ZIP W. PALM BEACH, FL

TITLE  
NAME  
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CITY-ST-ZIP

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000000587135  
01/17/07-80021-014 150.00

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IN THIS SPACE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #