


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90027 017 ***150.00

DOCUMENT # 597103
1. Entity Name
NICK'S WOOD NACKS, INC.



Principal Place of Business
HIGHWAY 390 AND W 15TH ST
LYNN HAVEN, FL 32444

Mailing Address
607 WEST HWY 390
LYNN HAVEN, FL 32444

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



01182006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1868890 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
NICHOLS, JOHN
HIGHWAY 390 AND 15TH ST
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent
Name: NICHOLS, JOHN
Street Address (P.O. Box Number is Not Acceptable)
607 WEST HWY 390
City LYNN HAVEN FL Zip Code 32444

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: *John Nichols* JOHN NICHOLS, PRESIDENT, 607 WEST HWY 390, LYNN HAVEN, FL
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: JAN 19, 2006

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete NICHOLS, JOHN 1516 GRANT AVE PANAMA CITY, FL 32401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S/T/D BRYAN, DONALD 2116 ISLAND LAKE CIRCLE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete STD DONALD, BRIAN 2116 ISLAND LAKE CIRCLE PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John Nichols* JOHN NICHOLS, PRESIDENT, JAN. 19, 2006 850-265-5636
Signature and typed or printed name of signing officer or director Date Daytime Phone #