

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

01-20-2006 90027 017 \*\*\*150.00

<b>DOCUMENT # 597103</b> 1. Entity Name <b>NICK'S WOOD NACKS, INC.</b>					
Principal Place of Business <b>HIGHWAY 390 AND W 15TH ST LYNN HAVEN, FL 32444</b>			Mailing Address <b>607 WEST HWY 390 LYNN HAVEN, FL 32444</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>NICHOLS, JOHN HIGHWAY 390 AND 15TH ST LYNN HAVEN, FL 32444</b>			7. Name and Address of New Registered Agent Name <b>NICHOLS, JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>607 WEST HWY 390</b> City <b>LYNN HAVEN</b> <b>FL</b> Zip Code <b>32444</b>		
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: <i>John Nichols</i> <b>JOHN NICHOLS, PRESIDENT, 607 WEST HWY 390, LYNN HAVEN, FL</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE <b>JAN 19, 2006</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>NICHOLS, JOHN</b> <b>1516 GRANT AVE</b> <b>PANAMA CITY, FL 32401</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/D</b> <b>BRYAN, DONALD</b> <b>2116 ISLAND LAKE CIRCLE</b> <b>PANAMA CITY, FL 32405</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>DONALD, BRIAN</b> <b>2116 ISLAND LAKE CIRCLE</b> <b>PANAMA CITY, FL 32405</b> <input checked="" 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	
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: <i>John Nichols</i> <b>JOHN NICHOLS, PRESIDENT, JAN. 19, 2006</b> <b>850-265-5636</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					