

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000134

**FILED**  
**Jan 04, 2005**  
**Secretary of State**

**Entity Name:** NICHOLAS & CO. MORTGAGE PLANNING SOLUTIONS

**Current Principal Place of Business:**

3017 WANUT RIDGE DRIVE  
ANN ARBOR, MI 48103

**New Principal Place of Business:**

**Current Mailing Address:**

3017 WANUT RIDGE DRIVE  
ANN ARBOR, MI 48103

**New Mailing Address:**

**FEI Number:** 38-3542610      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: NICHOLAS, GABRIEL  
Address: 20312 MAUER DR  
City-St-Zip: ST. CLAIR SHORES, MI 48080

Title: PVPS ( ) Delete  
Name: NICHOLAS, GIBRAN  
Address: 20312 MAUER DR  
City-St-Zip: ST. CLAIR SHORES, MI 48080

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: NICHOLAS, GABRIEL  
Address: 3017 WALNUT RIDGE DRIVE  
City-St-Zip: ANN ARBOR, MI 48103

Title: PVPS (X) Change ( ) Addition  
Name: NICHOLAS, GIBRAN  
Address: 3017 WALNUT RIDGE DRIVE  
City-St-Zip: ANN ARBOR, MI 48103

Title: VP ( ) Change (X) Addition  
Name: NICHOLAS, JOSEPHINE  
Address: 3017 WALNUT RIDGE DRIVE  
City-St-Zip: ANN ARBOR, MI 48103

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIBRAN NICHOLAS

P

01/04/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date