


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000001298</b> 1. Entity Name <b>NICHOLS SALES, INC.</b>	
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Principal Place of Business <b>12823 SE ROYAL TROON CT HOBE SOUND, FL 33455</b>	Mailing Address <b>12823 SE ROYAL TROON CT HOBE SOUND, FL 33455</b>
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08262005 No Chg-P CR2E034 (10/03)

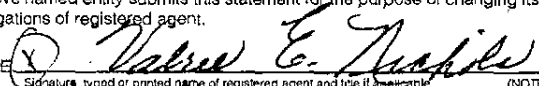
**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-1670175</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NICHOLS, VALREE E 12823 SE ROYAL TROON CT HOBE SOUND, FL 33455</b>
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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  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <b>NICHOLS, VALREE E 12823 SE ROYAL TROON CT HOBE SOUND, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV <b>NICHOLS, WILLARD 12823 SE ROYAL TROON CT HOBE SOUND, FL</b>
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09/07/05-80021-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 DAY/PHONE #