


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # J54078  
 1. Entity Name  
 NUCKOLLS, JOHNSON & BELCHER & FERRANTE, P.A.



Principal Place of Business  
 1375 JACKSON ST  
 303  
 FORT MYERS, FL 33901 US

Mailing Address  
 P O BOX 2199  
 FORT MYERS, FL 33902 US



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2774120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, KARL L  
 1375 JACKSON ST  
 STE. 303  
 FORT MYERS, FL 33901

**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 \_\_\_\_\_ DATE \_\_\_\_\_

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, KARL L. 1375 JACKSON ST FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NUCKOLLS, HUGH PAUL 1375 JACKSON ST FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BELCHER, W. GUS II 1375 JACKSON ST FORT MYERS, FL
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1100000379483  
 01/10/06-80016-025 150.00

**DO NOT WRITE 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: Karl L. Johnson, President 1/5/06 239-334-3400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #