

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
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



03262008 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 ☐ **\$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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, KARL L.
STREET ADDRESS	1375 JACKSON ST
CITY- ST- ZIP	FORT MYERS, FL
TITLE	TD
NAME	NUCKOLLS, HUGH PAUL
STREET ADDRESS	1375 JACKSON ST
CITY- ST- ZIP	FORT MYERS, FL
TITLE	SD
NAME	BELCHER, W. GUS II
STREET ADDRESS	1375 JACKSON ST
CITY- ST- ZIP	FORT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000875622
04/11/08-80041-015 150.00

**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 19, 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

3/27/08 239-334-3400

Date

Daytime Phone #