## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K68042

FILED Mar 24, 2004 Secretary of State

Entity Name: NORM NICKERSON AND SONS, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O NORMAN E. NICKERSON 2610 SCHONTAG ROAD WAUCHULA, FL 33873 **Current Mailing Address: New Mailing Address:** 3206 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890 FEI Number: 65-0101925 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NICKERSON, NORMAN E. 2610 SCHONTAG ROAD WAUCHULA, FL 33873 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NICKERSON, NORMAN E., Name: Name: 2610 SCHONTAG ROAD Address: Address: City-St-Zip: WAUCHULA, FL 33873 City-St-Zip: (X) Delete Title: Title: () Change () Addition Name: NICKERSON, PHYLLIS A, . Name: 2610 SCHONTAG ROAD Address: Address: WAUCHULA, FL 33873 City-St-Zip: City-St-Zip:

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: NORMAN E. NICKERSON P 03/24/2004