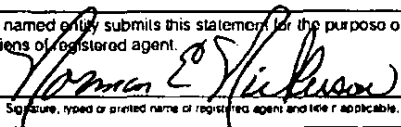
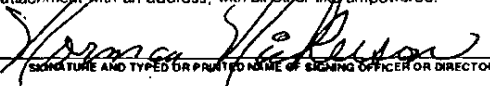


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/1

FILED
Apr 09, 2007 8:00 am
Secretary of State

03-08-2007 90019 046 ***150.00

DOCUMENT # K68042 1. Entity Name NORM NICKERSON AND SONS, INC.					
Principal Place of Business C/O NORMAN E. NICKERSON 2610 SCHONTAG ROAD WAUCHULA FL 33873			Mailing Address 3206 STEVE ROBERTS SPECIAL ZOLFO SPRINGS FL 33890		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0101925 ☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICKERSON, NORMAN E. 2610 SCHONTAG ROAD WAUCHULA FL 33873				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 	
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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NICKERSON, NORMAN E. 2610 SCHONTAG ROAD WAUCHULA FL 33873	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE _____ DAYTIME PHONE # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		