


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # K88115
1. Entity Name
JAMES M. NICHOLAS, P.A.



Principal Place of Business Mailing Address
304 E. STRAWBRIDGE AVE. **304 E. STRAWBRIDGE AVE.**
MELBOURNE, FL 32901 US **MELBOURNE, FL 32901 US**

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2947273 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NICHOLAS, JAMES M.
304 E. STRAWBRIDGE AVE.
MELBOURNE, FL 32901

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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	DP NICHOLAS, JAMES M. 304 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NICHOLAS, JAMES M. 304 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James M. Nicholas **PRESIDENT** 1/12/05 321-676-9889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JAMES M. NICHOLAS