

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90013 045 ***150.00

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

Principal Place of Business 304 E. STRAWBRIDGE AVE. MELBOURNE FL 32901 US	Mailing Address 304 E. STRAWBRIDGE AVE. MELBOURNE FL 32901 US
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2. Principal Place of Business 1790 Highway A1A	3. Mailing Address 1790 Highway A1A
Suite, Apt. #, etc. SUITE #202	Suite, Apt. #, etc. SUITE #202

1st MOORE CR2E034 (10/05)

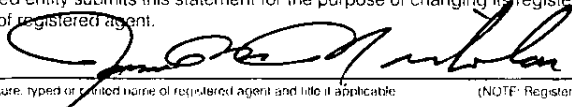
City & State SATELLITE BEACH, FL	City & State SATELLITE BEACH, FL
Zip 32937	Country USA
Zip 32937	Country USA

4. FEI Number 59-2947273	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NICHOLAS, JAMES M. 304 E. STRAWBRIDGE AVE. MELBOURNE FL 32901	
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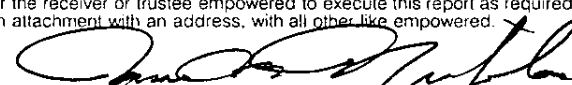
7. Name and Address of New Registered Agent Name JAMES M. NICHOLAS Street Address (P.O. Box Number is Not Acceptable) 1790 Highway A1A SUITE 202 City SATELLITE BEACH FL Zip Code 32937	
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8. The above named entity submits this statement for the purpose 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 1/31/2006	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NICHOLAS, JAMES M. 304 E. STRAWBRIDGE AVE. MELBOURNE FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NICHOLAS, JAMES M. 304 E. STRAWBRIDGE AVE. MELBOURNE FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1790 Highway A1A, Suite 202 Satellite Beach, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1790 Highway A1A, Suite 202 Satellite Beach, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 1/30/2006 Daytime Phone # 321-772339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	