

**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      Mailing Address  
~~304 E. STRAWBRIDGE AVE.~~      ~~304 E. STRAWBRIDGE AVE.~~  
~~MELBOURNE FL 32901~~      ~~MELBOURNE FL 32901~~  
 US      US

2. Principal Place of Business      3. Mailing Address  
**1790 HIGHWAY A1A**      **1790 HIGHWAY A1A**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE # 202**      **SUITE # 202**

City & State      City & State  
**SATELLITE BEACH, FL.**      **SATELLITE BEACH, FL**

Zip      Country      Zip      Country  
**32937**      **USA.**      **32937**      **USA.**

00010000



1st MOORE      CR2E034 (10/05)

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~~

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**

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**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reconstituting)      DATE

**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      **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NICHOLAS, JAMES M. <del>304 E. STRAWBRIDGE AVE.</del> MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NICHOLAS, JAMES M. <del>304 E. STRAWBRIDGE AVE.</del> 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
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	1790 Highway A1A, Suite 202 Satellite Beach, FL 32937	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1790 Highway A1A, Suite 202 Satellite Beach, FL 32937	<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
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      Date      Daytime Phone #