2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # L20620

1. Entity Name NICK'S ENTERPRISES, INC.



FILED Apr 06, 2006 08:00 AM Secretary of State

Principal Place of Business

% NICHOLAS D. HUTTON 4712 DAVISSON AVE. ORLANDO, FL 32804

Mailing Address

% NICHOLAS D. HUTTON 4712 DAVISSON AVE. ORLANDO, FL 32804



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 03102008

4. FEI Number 59-3008247

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUTTON, NICHOLAS D. 2265 LEE ROAD, SUITE 117 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the prices of registered agent.	urpose of changing its registered offi	CB OT R	egistered agent, or bo	oth, in the State of Florida. 1 em fami U00000435839	liar with, and accept
SIGNATURE Signature, typed or printed name of registrored agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)						
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	1/00000495833 04/21/06-30026-01/	3 8. 75
10.	OFFICERS AND DIREC	TORS			*	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PT HUTTON, NICHOLAS D. 4712 DAVISSON AVE. ORLANDO, FL 32804			· · · · · · · · · · · · · · · · · · ·		- - -
TITLE NAME STREET ADDRESS CITY-ST-ZIP				2 1 1 1 1 2 1 1 1 1 1		
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN	THIS SPACE	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				: " "."		
NAME SIRLLI AODRESS CITY-ST-ZIP						
12. I hereby	certify that the information supplied with this till	ing does not qualify for the exemption	ons con	itained in Chapter 11	9, Florida Statutes. I further certify t	hat 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10Mm06

Daviline Phone #