2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 09, 2009
Secretary of State

DOCUMENT# L22188

Entity Name: NICHOLAS ENTERPRISES, INC.

Current Principal Place of Business:

620 S.E. 19TH TERRACE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

620 S.E. 19TH TERRACE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 65-0157119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPINELLA, DAVID J.
620 S.E. 19TH TERRACE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: SPINELLA, DAVID J.
Address: 620 S.E. 19TH TER
City-St-Zip: CAPE CORAL, FL

Title: VP ( ) Delete
Name: SPINELLA, NICHOLAS D VP
Address: 620 S.E. 19TH TER
City-St-Zip: CAPE CORAL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: SPINELLA, SHERRY L VP
Address: 620 S.E. 19TH TER
City-St-Zip: CAPE CORAL, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY L SPINELLA VP 09/09/2009

Electronic Signature of Signing Officer or Director — Date