


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90097 023 ***150.00

DOCUMENT # P00000010719	
1. Entity Name RICHARD K NICHOLSON PUBLISHING, INC.	

Principal Place of Business RICHARD K NICHOLSON P O BOX 812290 BOCA RATON, FL 33481	Mailing Address RICHARD K NICHOLSON P O BOX 812290 BOCA RATON, FL 33481
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2. Principal Place of Business RICHARD K. NICHOLSON Suite, Apt. #, etc. 2947 SW 22ND CIR. #28-B	3. Mailing Address RICHARD K. NICHOLSON Suite, Apt. #, etc. 2947 SW 22ND CIR. #28-B
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City & State DELRAY BEACH, FL.	City & State DELRAY BEACH, FL.
Zip 33445	Country PALM BCH.
Zip 33445	Country PALM BCH.

50050128



05032005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0976994	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 NICHOLSON, RICHARD K 2947 SW 22ND CR UNIT 28-B DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: <i>Richard K. Nicholson</i> Signature, typed or printed name of registered agent, any title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE: <i>APRIL 30, 2005</i>
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, RICHARD K 2947 SW 22ND CIRCLE 28-B DELRAY BEACH, FL 33481 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: <i>Richard K. Nicholson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <i>APR 30, 2005</i> Daytime Phone #: <i>561.286968</i>