

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047805

**FILED**  
**Apr 20, 2006**  
**Secretary of State**

**Entity Name:** NICHOLSON-PEGASUS, INC.

**Current Principal Place of Business:**

111 WEST ROBINSON STREET  
ORLANDO, FL 32801

**New Principal Place of Business:**

870 SUNSHINE LANE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

111 WEST ROBINSON STREET  
ORLANDO, FL 32801

**New Mailing Address:**

870 SUNSHINE LANE  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 59-3645502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOMES, NICHOLSON  
111 W. ROBINSON ST.  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

NICHOLSON, ANTHONY J  
870 SUNSHINE LANE  
ALTAMONTE SPRINGS, FL 32714 US

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: ANTHONY J NICHOLSON

04/20/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: NICHOLSON, ANTHONY J  
Address: 111 WEST ROBINSON STREET  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: NICHOLSON, ANTHONY J  
Address: 870 SUNSHINE LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: CFO ( ) Change (X) Addition  
Name: CASLOW, SHARON  
Address: 870 SUNSHINE LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON CASLOW

CFO

04/20/2006

Electronic Signature of Signing Officer or Director

Date