


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

09-17-2004 90006 020 \*\*\*150.00

<b>DOCUMENT # P00000064679</b> 1. Entity Name <b>MALCOLM NICOL ENTERPRISES, INC.</b>			
Principal Place of Business <b>1638 OCEAN FOREST DR. AMELIA ISLAND, FL 32034</b>		Mailing Address <b>1638 OCEAN FOREST DR. AMELIA ISLAND, FL 32034</b>	
2. Principal Place of Business <b>267 S. Fletcher Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>267 S. Fletcher Ave</b> Suite, Apt. #, etc.	
City & State <b>FERNANDINA BEACH FL</b>		City & State <b>Fernandina Beach FL</b>	
Zip <b>32034</b>	Country <b>USA</b>	Zip <b>32034</b>	Country <b>USA</b>
4. FEI Number <b>59-3669280</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MALCOLM, LIS T 1638 OCEAN FOREST DR. AMELIA ISLAND, FL 32034</b>		7. Name and Address of New Registered Agent Name <b>NICOL, SHAUN</b> Street Address (P.O. Box Number is Not Acceptable) <b>267 S. Fletcher Ave</b> City <b>Fernandina Beach FL</b> Zip Code <b>32034</b>	
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 <u><i>Shaun Nicol</i></u> DATE <u>9/8/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT MALCOLM, LIS 1638 OCEAN FOREST DR. AMELIA ISLAND, FL 32034 <input checked="" 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	VPS NICOL, SHAUN 1638 OCEAN FOREST DR. AMELIA ISLAND, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.T NICOL, SHAUN 267 S. Fletcher Ave Fernandina Beach FL 32034 <input checked="" 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	VPS NICOL, HEIDI 267 S. Fletcher Ave Fernandina Beach FL 32034 <input type="checkbox"/> Change <input checked="" 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
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: <u><i>Heidi Nicol</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>9/8/04</u> Daytime Phone # <u>904-491-1468</u>	