

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # P0000065571

1. Entity Name
NIKA, INC.



Principal Place of Business

**4231 ILLICUM LANE
LADY LAKE, FL 32159**

Mailing Address

**PO BOX 707
LADY LAKE, FL 32159-8**



04182006

No Chg-P

CR2E034 (11/05)

4. FEI Number
65-1034955

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AKIN, PATTY
4231 ILLIUM LANE
LADY LAKE, FL 32159-8**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVS
AKIN, PATTY
4231 ILLIUM LANE
LADY LAKE, FL 32159**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
AKIN, PATTY
4231 ILLIUM LANE
LADY LAKE, FL 32159**

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

U00000533101
05/06/06-80107-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patty Akin
Patty Akin

4/20/06 (863) 673-2441
Date Daytime Phone #

CK. No. Nika, Inc.

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