


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000083203 1. Entity Name STEVE NICKEL APPLIANCE INSTALLATIONS, INC.	
---	---

Principal Place of Business 920 19TH STREET SW NAPLES, FL 34117	Mailing Address 920 19TH STREET SW NAPLES, FL 34117
---	---

DO NOT WRITE IN THIS SPACE



05172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3666418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STEWART, JAMES C JR 9180 GALLERIO CT STE 700 NAPLES, FL 34109	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstalling)	DATE _____
--	---	------------

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000161308 05/24/04-80003-006 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKEL, STEVEN M 920 19TH STREET SW NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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:  Steven M. Nickel 5/19/04 239-455-2243	Date	Daytime Phone #
--	------	-----------------

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR