

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042441

FILED
Mar 15, 2005
Secretary of State

Entity Name: NICHOLS HOSPITALITY CONSULTING, INC.

Current Principal Place of Business:

890 E. LAKE SUE AVE
WINTER PARK, FL 32789

New Principal Place of Business:

1505 BONNIE BURN CIRCLE
WINTER PARK, FL 32789

Current Mailing Address:

890 E. LAKE SUE AVE
WINTER PARK, FL 32789

New Mailing Address:

1505 BONNIE BURN CIRCLE
WINTER PARK, FL 32789

FEI Number: 59-3714586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, JANET L
890 E. LAKE SUE AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

NICHOLS, JANET L
1505 BONNIE BURN CIRCLE
WINTER PARK, FL 32789 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:

03/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NICHOLS, JANET L
Address: 890 E. LAKE SUE AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NICHOLS, JANET L
Address: 1505 BONNIE BURN CIRCLE
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAN NICHOLS

PRES

03/15/2005

Electronic Signature of Signing Officer or Director

Date