


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90037 002 \*\*\*150.00

<b>DOCUMENT # P01000113732</b>	
<b>1. Entity Name</b> NICOLA REALTY, INC.	

<b>Principal Place of Business</b> 3555 S. ATLANTIC AVE. DAYTONA BEACH FL 32118 US	<b>Mailing Address</b> P.O. BOX 291225 PORT ORANGE FL 32129 US
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<b>2. Principal Place of Business</b> 1575 Oceanshore Blvd	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

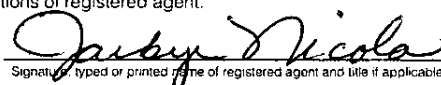
<b>City &amp; State</b> Ormond Beach FL	<b>City &amp; State</b>
<b>Zip</b> 32176	<b>Country</b> U.S.A.

<b>4. FEI Number</b> 59-3759347	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> CUTLER, RONALD 1172 PELICAN BAY DRIVE DAYTONA BEACH FL 32119	<b>7. Name and Address of New Registered Agent</b> Name: Jackye Nicola Street Address (P.O. Box Number is Not Acceptable): 112 Hickory Lane City: Port Orange FL Zip Code: 32128
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**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:  DATE: 2/9/04

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> NICOLA, ALLEN V		<b>NAME</b>	
<b>STREET ADDRESS</b> 112 HICKORY LN		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PORT ORANGE FL 32128		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BENNETT, JULIAN		<b>NAME</b>	
<b>STREET ADDRESS</b> 1408 LONG BOAT POINT		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> INVERNESS FL 34450		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:**  **2/9/04 386-441-2050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #