


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90040 044 ***150.00

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|--|---|---|--|--|---|
| DOCUMENT # P01000113732 1. Entity Name NICOLA REALTY, INC. | | | |  | |
| Principal Place of Business 1575 OACENASHORE BLVD. ORMOND BEACH, FL 32176 US | | | Mailing Address P.O. BOX 291225 PORT ORANGE, FL 32129 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 1575 Ocean Shore Blvd | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Office | | | |
| City & State | | City & State Ormond Beach, FL | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3759347 | |
| 32176 | US | 32176 | US | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NICOLA, JACKYE 112 HICKORY LANE PORT ORANGE, FL 32128 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 250 Glenbriar Cir City Daytona Beach FL Zip Code 32114 | |
| 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 <i>Jackye Nicola</i> (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NICOLA, ALLEN V 112 HICKORY LN PORT ORANGE, FL 32128 | | <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 | D BENNETT, JULIAN 1408 LONG BOAT POINT INVERNESS, FL 34450 | | <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 | [Empty] | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | <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 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: <i>Allen V Nicola</i> Allen V Nicola 2/6/07 386/441-2050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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