## Apr 28, 2006 8:00 am Secretary of State **2006 FOR PROFIT CORPORATION ANNUAL REPORT** 04-28-2006 90160 036 \*\*\*150.00 **DOCUMENT # P01000120199** 1. Entity Name DR NICKELSON & COMPANY, INC 40068789 Principal Place of Business Mailing Address 229 NW WILKS LANE P 0 B0X 1744 LAKE CITY, FL 32025 LAKE CITY, FL 32056 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 30-0006404 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent NICKELSON, DALE R DO NOT WRITE 467 SW WALTER AVE LAKE CITY, FL 32024 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.

9. Election Campaign Financing

\$5.00 May Be Added to Fees

(NOTE: Registered Agent signature required when reinstating)

FILED

Applied For

\$8.75 Additional

Fee Required

Not Applicable

FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS					
THTLE NAME STREET ADDRESS CHY-ST-ZIP	P NICKELSON, DALE 467 SW WALTER AVE LAKE CITY, FL 32024	`			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		*			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:			
THLE NAME STREET ADDRESS CITY-ST-ZIP			·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling 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 own stee 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, we hall sind like proprieted.  SIGNATURE:    A R   Chapter 109, Florida Statutes   Chapter 607, Florida Statutes					
SIGNAL PRINTED TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Day Printed Name of Signing Phone #					