

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000071273 1. Entity Name THOMAS NIKLA CONTRACTING, INC.	
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Principal Place of Business 4847 HOYER DR. SARASOTA, FL 34241	Mailing Address 4847 HOYER DR. SARASOTA, FL 34241
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01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0020462	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIKLA, THOMAS F
4847 HOYER DR.
SARASOTA, FL 34241

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000789020
01/22/08-80008-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	NIKLA, THOMAS F
STREET ADDRESS	4847 HOYER DR
CITY-ST-ZIP	SARASOTA, FL 34241

TITLE	VPS
NAME	NIKLA, JANET J
STREET ADDRESS	4847 HOYER DR
CITY-ST-ZIP	SARASOTA, FL 34241

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

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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 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:

Thomas F. Nikla Thomas F. Nikla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08
Date

941-923-7291
Daytime Phone #