## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P02000086434



FILED Apr 14, 2005 8:00 am Secretary of State

1. Entity Name NICHOLAS-DISHMON ENTERPRISES INCORPORATED					04-14-2005 90103 037 ***150.00				
Principal Place	e of Business	Mailing Address			1				
901 ACADEM BRANDON, F		901 ACADEMY DRIVE Brandon, FL 33511				<b></b>			
	lace of Business	3. Mailing Address							
1347 Suite, Apt.	HENCHEE LN	1347 HENCH Suite, Apt. #, etc.	EE	<u> </u>					
				., .	04092005	Chg-P	CR2E03	4 (10/03)	
VALR	100 FL	VALKICO	FL		4. FEI Number 56-229			No	plied For t Applicable
3359	Country	33594	Country	ياني سياسا	5. Certificate	of Status Desired	-⊡~ <b>-\$</b>	8.75 Add	itional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
	S, DANIEL A		L						
	EMY DRIVE I, FL 33511	:		Street Address (	P.O. BOX NUMB	er is Not Acceptable)			
			_	City			FL	Zip Code	)
	named entity submits this statement foions of registered agent.	r the purpose of changing its re	gistered	office or register	red agent, or bol	th, in the State of Florid	ta. I am fa	miliar with,	and accept
SIGNATURE.	:			<del></del>					
<u>ii</u> -	Signature, typed or printed name of registered agent a	and the mappicable. (NOTE: )	leg-stered A	gent signature required	d when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib			.00 May Be led to Fees				
After Ma	officers and	Trust Fund Contrib	ution.		led to Fees	CHANGES TO OFFICE		·, ··-	
After Ma	ay 1, 2005 Fee will be \$550.0	Trust Fund Contrib	oution.	Add	ADDITIONS			DIRECTORS Change	S IN 11
10. TITLE HAME STREET ADDRESS	OFFICERS AND D NICHOLAS, DANIEL A 901 ACADEMY DRIVE	Trust Fund Contrib	11. TITLE NAME STREET	ADDRESS 13	ADDITIONS	HEE LN		·, ··-	
After Ma	OFFICERS AND D NICHOLAS, DANIEL A	Trust Fund Contrib	11. TITLE	ADDRESS 13	ADDITIONS		,	Change	
After Ma	OFFICERS AND D NICHOLAS, DANIEL A 901 ACADEMY DRIVE BRANDON, FL 33511 D NICHOLAS, AUDREY L	Trust Fund Contrib	11. TITLE NAME STREET (CITY-ST	ADDRESS 134	ADDITIONS/	HEE LN 23594	,	·, ··-	Addition
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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:** 

SIGNATURE AND TOPO OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR