

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092301

Entity Name: ALICO CONNECTION, INC.

FILED  
Jan 23, 2004  
Secretary of State

**Current Principal Place of Business:**

11323 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

28651-1 NORTH DIESEL DRIVE  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

11323 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

28651-1 NORTH DIESEL DRIVE  
BONITA SPRINGS, FL 34135

FEI Number: 35-2180496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICHOLS, DOUGLAS W  
28056 EASTBROOK DRIVE  
BONITA SPRINGS, FL 34135

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: NICHOLS, DOUGLAS W  
Address: 28056 EASTBROOK DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS W. NICHOLS

PST

01/23/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date