


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000008655 1. Entity Name D. G. NICKELL, INC.		
Principal Place of Business 3420 HWY 71 NORTH WEWAHITCHKA, FL 32465	Mailing Address 3420 HWY 71 NORTH WEWAHITCHKA, FL 32465	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NICKELL, DARRELL 3420 HWY 71 NORTH WEWAHITCHKA, FL 32465		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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS NICKELL, DARRELL 3420 HWY 71 NORTH WEWAHITCHKA, FL 32465	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT NICKELL, DONNA 3420 HWY 71 NORTH WEWAHITCHKA, FL 32465	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Darrell Nickell</u> Darrell Nickell 2-3-05 850-639-2933 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-4234938

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U000000220348
02/08/05-80066-005 150.00

**DO NOT WRITE
IN THIS SPACE**