

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90016 022 \*\*\*150.00

DOCUMENT # P03000060900

1. Entity Name

N-L'S PAR-TEE CLUB, INC.



Principal Place of Business

2796 SANIBEL BLVD.  
ST. JAMES CITY FL 33956

Mailing Address

2796 SANIBEL BLVD.  
ST. JAMES CITY FL 33956

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-1592431

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICHOLS, NANCY L  
2796 SANIBEL BLVD.  
ST. JAMES CITY FL 33956

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004; Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Nancy Lynn Nichols	
STREET ADDRESS	2796 Sanibel Blvd St. James 33956	
CITY-ST-ZIP		
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Nancy Lynn Nichols	
STREET ADDRESS	2796 Sanibel Blvd.	
CITY-ST-ZIP	St. James city 33956	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Nancy Lynn Nichols	
STREET ADDRESS	2796 Sanibel Blvd.	
CITY-ST-ZIP	St. James city 33956	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Nancy Lynn Nichols	
STREET ADDRESS	2796 Sanibel Blvd.	
CITY-ST-ZIP	St. James city, FL 33956	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

*Nancy Lynn Nichols*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04

Date

Daytime Phone #