

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State

DOCUMENT # P03000144365

1. Entity Name
NICOL BROTHERS, INC.



08-07-2007 90045 001 ***150.00
08-07-2007 90045 002 ***400.00

Principal Place of Business
2231 SE MANDRAKE CIRCLE
PORT SAINT LUCIE, FL 34952

Mailing Address
2231 SE MANDRAKE CIRCLE
PORT SAINT LUCIE, FL 34952

2. Principal Place of Business - No P.O. Box #

746 SE Evergreen Terr.
Suite, Apt. #, etc.
Port St Lucie FL.

3. Mailing Address

746 SE Evergreen Terr.
Suite, Apt. #, etc.
Port St. Lucie FL.

City & State
Port St. Lucie FL.

City & State
Port St. Lucie FL.

Zip Country
34983 ST. Lucie

Zip Country
34983 ST. Lucie

05252007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3773948

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NICOL, SCOTT
5890 SE MITZI LN.
STUART, FL 34997

746 SE Evergreen Terr
Port St. Lucie FL
34983

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME NICOL, SCOTT
STREET ADDRESS 2231 SE MANDROKE CIRCLE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE VSD ☐ Delete
NAME NICOL, ROBERT
STREET ADDRESS 3391 NE WEST CT., APT. 103
CITY-ST-ZIP JENSEN BCH, FL 34957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition
NAME Scott Nicol
STREET ADDRESS 746 SE Evergreen Terr
CITY-ST-ZIP Port St. Lucie FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Scott Nicol

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/07

Date

380-3746
772-380-3746

Daytime Phone #