

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000144365

Entity Name: NICOL BROTHERS, INC.

FILED  
Sep 14, 2009  
Secretary of State

## Current Principal Place of Business:

746 SE EVERGREEN TERR  
PORT SAINT LUCIE, FL 34983

## New Principal Place of Business:

988 SE KUBIN ST  
JENSEN BEACH, FL 34957

## Current Mailing Address:

746 SE EVERGREEN TERR  
PORT SAINT LUCIE, FL 34983

## New Mailing Address:

988 SE KUBIN ST  
JENSEN BEACH, FL 34957

FEI Number: 59-3773948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICOL, SCOTT  
746 SE EVERGREEN TERR  
PORT SAINT LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

NICOL, SCOTT  
988 SE KUBIN ST.  
JENSEN BEACH, FL 34957 US

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:

09/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: NICOL, SCOTT  
Address: 746 SE EVERGREEN TERR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VSD ( ) Delete  
Name: NICOL, ROBERT  
Address: 3391 NE WEST CT., APT. 103  
City-St-Zip: JENSEN BCH, FL 34957

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: NICOL, SCOTT  
Address: 988 SE KUBIN ST  
City-St-Zip: JENSEN BEACH, FL 34957

Title: VSD (X) Change ( ) Addition  
Name: NICOL, KENNETH  
Address: 1385 SE VESTRIDGE LN  
City-St-Zip: PORT ST LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SCOTT NICOL

PTD

09/14/2009

Electronic Signature of Signing Officer or Director

Date