

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90195 018 \*\*\*150.00

**DOCUMENT # P03000157283**

1. Entity Name

J. D. NICHOLSON ELECTRIC, INC.



Principal Place of Business

5750 SE 216TH TERRACE  
MORRISTON FL 32668

Mailing Address

5750 SE 216TH TERRACE  
MORRISTON FL 32668



2. Principal Place of Business

5750 SE 216 Terris  
Suite, Apt. #, etc.

3. Mailing Address

5750 SE 216 TERRIS  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Morrison Fla

City & State

Morrison Fla

4. FEI Number

20-0660830

Applied For

Not Applicable

Zip

32668

Country

Levy

Zip

32668

Country

Levy

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NICHOLSON, JOHN D  
5750 SE 216TH TERRACE  
MORRISTON FL 32668

7. Name and Address of New Registered Agent

Name

John D Nicholson

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

5750 SE 216 Terrace

City  
Morrison

FL

Zip Code  
32668

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

John D Nicholson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-28-06

DATE

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

**After May 1, 2006 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NICHOLSON, JOHN D  
5750 SE 216TH TERRACE  
MORRISTON FL 32668 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John D Nicholson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06

Date

352 207 6721

Daytime Phone #