

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039994

Entity Name: NICHOLSON REALTY, INC.

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

14028 5TH STREET
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

16726 SPRING VALLEY ROAD
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 20-1353653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLSON, JOSEPH
16726 SPRING VALLEY ROAD
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NICHOLSON, JOSEPH
Address: 16726 SPRING VALLEY ROAD
City-St-Zip: DADE CITY, FL 33523 US

Title: V () Delete
Name: NICHOLSON, JOSEPH
Address: 16726 SPRING VALLEY ROAD
City-St-Zip: DADE CITY, FL 33523 US

Title: S () Delete
Name: NICHOLSON, JOSEPH
Address: 16726 SPRING VALLEY ROAD
City-St-Zip: DADE CITY, FL 33523 US

Title: T () Delete
Name: NICHOLSON, JOSEPH
Address: 16726 SPRING VALLEY ROAD
City-St-Zip: DADE CITY, FL 33523 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH A NICHOLSON

P

04/18/2006

Electronic Signature of Signing Officer or Director

Date