

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153647

Entity Name: NICKELS HAULING INC.

FILED  
Apr 18, 2005  
Secretary of State

**Current Principal Place of Business:**

5371 68TH WAY N.  
ST. PETERSBURG, FL 33709

**New Principal Place of Business:**

**Current Mailing Address:**

5371 68TH WAY N.  
ST. PETERSBURG, FL 33709

**New Mailing Address:**

FEI Number: 37-1499810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

EDWARDS, MICHELE  
5371 68TH WAY N.  
ST. PETERSBURG, FL 33709 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: PD ( ) Delete  
Name: EDWARDS, MICHELE  
Address: 5371 68TH WAY N.  
City-St-Zip: ST. PETERSBURG, FL 33709

Title: D ( ) Delete  
Name: EDWARDS, BRYAN S  
Address: 5371 68TH WAY N.  
City-St-Zip: ST. PETERSBURG, FL 33709

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: MICHELE EDWARDS

PD

04/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date