

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000005970

FILED  
Aug 30, 2007  
Secretary of State

Entity Name: KENT NICHOLS CONSTRUCTION, INC.

## Current Principal Place of Business:

BLOXHAM CUTOFF  
TALLAHASSEE, FL 32310

## New Principal Place of Business:

TENNESSEE CAPITAL BLVD.  
TALLAHASSEE, FL 32303

## Current Mailing Address:

POST OFFICE BOX 20433  
TALLAHASSEE, FL 32316

## New Mailing Address:

FEI Number: 20-2154919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICHOLS, KAREN  
BLOXHAM CUTOFF  
TALLAHASSEE, FL 32310 US

## Name and Address of New Registered Agent:

NICHOLS, KENT  
BLOXHAM CUTOFF  
TALLAHASSEE, FL 32310 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: KENT NICHOLS

08/30/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NICHOLS, KENT  
Address: POST OFFICE BOX 20433  
City-St-Zip: TALLAHASSEE, FL 32316

Title: V ( ) Delete  
Name: CONE, RAYMOND C  
Address: POST OFFICE BOX 20433  
City-St-Zip: TALLAHASSEE, FL 32316

Title: S ( ) Delete  
Name: NICHOLS, KAREN  
Address: POST OFFICE BOX 20433  
City-St-Zip: TALLAHASSEE, FL 32316

Title: T ( ) Delete  
Name: NICHOLS, KAREN  
Address: POST OFFICE BOX  
City-St-Zip: TALLAHASSEE, FL 32316

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition  
Name: NICHOLS, KENT A  
Address: POST OFFICE BOX 20433  
City-St-Zip: TALLAHASSEE, FL 32316

Title: S (X) Change ( ) Addition  
Name: NICHOLS, KENT  
Address: POST OFFICE BOX 20433  
City-St-Zip: TALLAHASSEE, FL 32316

Title: T (X) Change ( ) Addition  
Name: NICHOLS, KENT A  
Address: POST OFFICE BOX  
City-St-Zip: TALLAHASSEE, FL 32316

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: KENT NICHOLS

PVST

08/30/2007

Electronic Signature of Signing Officer or Director

Date