

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026675

**FILED**  
**Apr 13, 2006**  
**Secretary of State**

**Entity Name:** JANE NICHOLS NEEDLEPOINT, INC.

**Current Principal Place of Business:**

3333 TIMBERWOOD CIRCLE  
NAPLES, FL 34105

**New Principal Place of Business:**

8689 SW 56TH AVENUE ROAD  
OCALA, FL 34476

**Current Mailing Address:**

3333 TIMBERWOOD CIRCLE  
NAPLES, FL 34105

**New Mailing Address:**

8689 SW 56TH AVENUE ROAD  
OCALA, FL 34476

**FEI Number:** 20-2357010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WANDERON, THOMAS  
868 106TH AVENUE NORTH  
NAPLES, FL 34108 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: NICHOLS, JANE  
Address: 3333 TIMBERWOOD CIRCLE  
City-St-Zip: NAPLES, FL 34105

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

Title: P (X) Change ( ) Addition  
Name: NICHOLS, JANE  
Address: 8689 SW 56TH AVENUE ROAD  
City-St-Zip: OCALA, FL 34476

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: JANE NICHOLS

P

04/13/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date