2007 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT					Mar 08, 2007 08:00 AM		
1. Entity Nar	MENT # P0500002739 n°nicki, inc.	96			Secr	etary of State	
Principal Pla	ce of Business N	lailing Address					
3166 MAY S		3166 May St Inverness, Fl. 34453		1			
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DO NOT WRITE IN THIS SPA				02062007	No Chg-P	CR2E034 (11/05)	
				4. FEI Numi		Applied For	
				20-24	11831	Not Applicable	
				5. Certificat	e of Status Desired	\$8.75 Additional Fee Required	
	8. Name and Address of Current Regi	stered Agent	{				
JILNICKI, DIANE M				DO	NOT W	RITE	
3166 MAY ST INVERNESS, FL 34453			IN THIS SPACE				
				117	1 412 2t	ACE	
. 							
 the above 	e named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or r	egistered agent, or b	oth, in the State of Fic	orida. I am familiar with, and accept	
SIGNATURE							
·	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registers	id Agent elgneture	required when reinstating)	·	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund C				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS	I		1		
TITLE Name	D JILNICKI, DIANE M					,	
STREET ADDRESS	3166 MAY ST		•				
CITY-ST-ZIP	INVERNESS, FL 34453]		000000E	359602	
TITLE Name				•	U3/16/U7-6	30033-010 150.00	
STREET ADDRESS						•	
CITY-ST-ZIP							
TITLE NAME						•	
STREET ADDRESS			Į.		NOT	1 had 3 who has	
CITY-ST-ZIP	:		l	DO	NOT W	RITE	
TITLE			I	IN	THIS SF	PACE	
NAME STREET ADDRESS	1]	4 4			
CITY-ST-ZIP			i				
TITLE		· · · · · · · · · · · · · · · · · · ·					
NAME							
STREET ADDRESS							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP

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