


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-14-2006 90023 030 ***158.75

DOCUMENT # P05000165482			
1. Entity Name ADAM M NICKLOS INC.			
Principal Place of Business 22 WILLOUGHBY DRIVE NAPLES, FL 34110		Mailing Address 22 WILLOUGHBY DRIVE NAPLES, FL 34110	
2. Principal Place of Business HOME Suite, Apt. #, etc.		3. Mailing Address 59 MENTOR DR. Suite, Apt. #, etc.	
City & State NAPLES, FLORIDA Zip 34110		City & State NAPLES, FLORIDA Zip 34110	
Country U.S.		Country U.S.	
4. FEI Number 20-3970619		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICKLOS, ADAM M 22 WILLOUGHBY DRIVE NAPLES, FL 34110		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Adam M. Nicklos</i> DATE: 3-10-2006 <small>(NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	NICKLOS, ADAM M		
STREET ADDRESS	22 WILLOUGHBY DRIVE		
CITY - ST - ZIP	NAPLES, FL 34110		
TITLE	S	<input type="checkbox"/> Delete	
NAME	NICKLOS, TARA		
STREET ADDRESS	22 WILLOUGHBY DRIVE		
CITY - ST - ZIP	NAPLES, FL 34110		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: <i>Adam M. Nicklos</i>		Date: 3-10-2006 (239) 592-7342	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>		<small>Date</small>	



02092008 Chg-P CR2E034 (11/05)



ATTACHMENT
66006427

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2006

ADAM M NICKLOS INC.
59 MENTOR DR
NAPLES, FL 34110

Subject: ADAM M NICKLOS INC.

Reference Number: P05000165482

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cd

ANNUAL REPORTS SECTION