2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000120674

1. Entity Name
606 NICHOLAS DEVELOPMENT INC.

Principal Place of Business	Mailing Address
1012 SW 56TH ST CAPE CORAL, FL 33914	1012 SW 56TH ST CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE

01072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-5603485	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHEEP, JEFF
1012 SW 56TH ST
CAPE CORAL, FL 33914

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHEPP, JEFF
STREET ADDRESS	1012 SW 56TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33914

TITLE	VPD
NAME	SCHEPP, BRENT
STREET ADDRESS	1012 SW 56TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33914

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/10/08-80035-008 158.75
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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: _____   1/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #