

ANNUAL REPORT (AR)**DOCUMENT # P94000067093**

1. Entity Name

NICKS NACKS, INC.**FILED**
Apr 03, 2006 08:00 AM
Secretary of State

Principal Place of Business

**2300 LINWOOD AVE
NAPLES FL 34112**

Mailing Address

**2300 LINWOOD AVE
NAPLES FL 34112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-0517644

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERRMANN, LINDA
826 HOFSTRA DRIVE
FORT MYERS FL 33919**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00**After May 1, 2006 Fee Will Be \$650.00****Make Check Payable to Florida Department of State**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	LARISON, NICK	
STREET ADDRESS	2300 LINWOOD AVE	
CITY-ST-ZIP	NAPLES FL 34112	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	U00000489882	
CITY-ST-ZIP	04/18/06-80033-002 150.00	

TITLE	SD	☐ Delete
NAME	HERRMANN, LINDA	
STREET ADDRESS	2300 LINWOOD AVE	
CITY-ST-ZIP	NAPLES FL 34112	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ 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 Section 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

Linda B Herrmann **LINDA HERRMANN** 3/30/06 (239) 775 5477