

FILED
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Secretary of State

03-04-2004 90019 049 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000010442

1. Entity Name
NICINAP CORPORATION



Principal Place of Business
**1810 WANDERING WAY DR.
 CHARLOTTE, NC 28226**

Mailing Address
**1810 WANDERING WAY DR.
 CHARLOTTE, NC 28226**

94024896



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0553206

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PAULEY, JULIA A
 2188 BRADFORD PLACE
 PALM CITY, FL 34990**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAULEY, K. D. 2188 SW BRADFORD PL PALM CITY, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAULEY, APRIL L 508 COLEMAN BRIDGE RD. AIKEN, SC 29801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEONE, NICHOLAS D 1810 WANDERING WAY DR. CHARLOTTE, NC 08226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEONE, CYNTHIA L 1810 WANDERING WAY DR. CHARLOTTE, NC 08226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Nicholas D. Leone 3/1/04 704-577-7715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #