


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000016543</b>	
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<b>1. Entity Name</b> NICHOLAS FINANCIAL SERVICES, INC.	<b>Principal Place of Business</b> 3895 TAMPA ROAD SUITE 280 OLDSMAR FL 34677	<b>Mailing Address</b> PO BOX 1859 SUITE 280 OLDSMAR FL 34677
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

<b>5. Name and Address of Current Registered Agent</b>
DIANA, NICHOLAS 168 RUE DES CHATEAUX STE. 280 TARPON SPRINGS FL 34688

<b>4. FEI Number</b> 59-3302204	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of New Registered Agent</b>	
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 Nicholas Diana DATE 4-22-05

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	DIANA, NICHOLAS
STREET ADDRESS	168 RUE DES CHATEAUX
CITY- ST- ZIP	TARPON SPRINGS FL 34689
TITLE	P <input type="checkbox"/> Delete
NAME	DIANA, MICHAEL
STREET ADDRESS	828 PARK COURT
CITY- ST- ZIP	PALM HARBOR FL 34683
TITLE	D <input type="checkbox"/> Delete
NAME	SCHIAVO, KIMBERLY
STREET ADDRESS	357 VENTURA DRIVE
CITY- ST- ZIP	OLDSMAR FL 34677
TITLE	S <input type="checkbox"/> Delete
NAME	ROBINSON, AMY
STREET ADDRESS	1712 OAK POND CT
CITY- ST- ZIP	OLDSMAR FL 34677
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	U000000327619
CITY- ST- ZIP	04/25/05-80045-016 150.00
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 exemption stated in Section 119.07(3)(f), 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 Diana 4-22-05 813-864-3434

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