

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000031708

FILED
Mar 11, 2009
Secretary of State

Entity Name: NICK'S OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

2210 W CTY HWY 30A
SANTA ROSE BEACH, FL 32459

New Principal Place of Business:

200 TWELVE OAKS LANE
FREEPORT, FL 32439

Current Mailing Address:

POST OFFICE BOX 1607
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3366279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICK, FRANK A JR
200 12 OAKS LN
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

NICK, FRANK A JR
200 TWELVE OAKS LN
FREEPORT, FL 32439 US

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.

SIGNATURE: _____

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NICK, FRANK A JR
Address: 200 12 OAKS LN
City-St-Zip: FREEPORT, FL 32439

Title: VP () Delete
Name: NICK, BONNIE W
Address: 200 12 OAKS LN
City-St-Zip: FREEPORT, FL 32439

Title: S () Delete
Name: NICK, CHARLES CAREY
Address: 200 W OAKS LN
City-St-Zip: FREEPORT, FL 32439

Title: T () Delete
Name: NICK, FRANK A III
Address: 200 12 OAKS LN
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NICK, FRANK A JR
Address: 200 TWELVE OAKS LN
City-St-Zip: FREEPORT, FL 32439 US

Title: VP (X) Change () Addition
Name: NICK, BONNIE W
Address: 200 TWELVE OAKS LN
City-St-Zip: FREEPORT, FL 32439 US

Title: S (X) Change () Addition
Name: NICK, CHARLES CAREY
Address: 200 TWELVE OAKS LN
City-St-Zip: FREEPORT, FL 32439 US

Title: T (X) Change () Addition
Name: NICK, FRANK A III
Address: 200 TWELVE OAKS LN
City-St-Zip: FREEPORT, FL 32439 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE W. NICK

VP

03/11/2009

Electronic Signature of Signing Officer or Director

Date