

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90060 003 ***150.00

DOCUMENT # P95000091042

1. Entity Name
D.L. NICHOLS, INC.



Principal Place of Business
**215 SOUTH OLIVE AVE
SUITE 401
WEST PALM BEACH, FL 33401**

Mailing Address
**P.O. BOX 1230
WEST PALM BEACH, FL 33402**

40061624



2. Principal Place of Business - No P.O. Box #
333 CLEMATIS ST.

3. Mailing Address
333 CLEMATIS STREET

Suite, Apt. #, etc.
SUITE 201

Suite, Apt. #, etc.
SUITE 201

04012008 Chg-P CR2E034 (12/06)

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

4. FEI Number
65-0688586

Applied For
Not Applicable

Zip
33401

Country
USA

Zip
33401

Country
USA

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

6. Name and Address of Current Registered Agent

**NICHOLS, DEBORAH L
215 SOUTH OLIVE AVE
SUITE 401
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NICHOLS, DEBORAH L
215 SOUTH OLIVE AVE, SUITE 401
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NICHOLS, DEBORAH L
333 CLEMATIS STREET, SUITE 201
WEST PALM BEACH, FL 33401** ☒ Change ☐ Addition

TITLE
NAME
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☐ Delete

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☐ Change ☐ Addition

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:

Deborah L. Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/08

Date

561-689-6598

Daytime Phone #