

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000015149

1. Entity Name
NICHOLAS INVESTMENT, INC.



Principal Place of Business
1213 WHITE STREET
KEY WEST, FL 33040 US

Mailing Address
C/O LINDA WHEELER, ESQ.
1213 WHITE STREET,
KEY WEST, FL 33040



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0776959

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHEELER, LINDA ESQ.
1213 WHITE STREET
KEY WEST, FL 33040

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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

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

(NOTE: Registered Agent Signature Required when reinstating)

DATE

Linda Wheeler 1/18/08

**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

TITLE	PD
NAME	KRUSE, ROBERT V
STREET ADDRESS	1213 WHITE STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	VPD
NAME	GRAVES, PETER
STREET ADDRESS	7981 WOODROW WILSON DR.
CITY-ST-ZIP	LOS ANGELES, CA 90046
TITLE	STD
NAME	MUELLER, HARVEY
STREET ADDRESS	3479 W. VICKERY BLVD.
CITY-ST-ZIP	FT. WORTH, TX 76107
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/08-80021-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert V. Kruse Director

1/18/08