


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000064325</b> 1. Entity Name <b>NICHOLS ROOFING CO., INC.</b>	
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Principal Place of Business <b>3132 WINSTEAD COVE</b> <b>CRESTVIEW, FL 32539 US</b>	Mailing Address <b>3132 WINSTEAD COVE</b> <b>CRESTVIEW, FL 32539 US</b>
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03142005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3397420</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>NICHOLS, LARRY</b> <b>3132 WINSTEAD COVE</b> <b>CRESTVIEW, FL 32539</b>	<div style="border: 1px solid black; padding: 20px; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000276801</b> <b>03/26/05-80003-022 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>NICHOLS, LARRY</b> <b>3132 WINSTEAD COVE</b> <b>CRESTVIEW, FL 32539</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <b>NICHOLS, LARRY DEAN</b> <b>3132 WINSTEAD COVE</b> <b>CRESTVIEW, FL 32539</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>NICHOLS, LARRY</b> <b>3132 WINSTEAD COVE</b> <b>CRESTVIEW, FL 32539</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>3/23/05</b> Daytime Phone # _____
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