

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000003702

FILED
Apr 18, 2005
Secretary of State

Entity Name: NICHOLS AND BENNETT, INC.

Current Principal Place of Business:

5901 SUTH CONGRESS AVE.
ATLANTIS, FL 33462

New Principal Place of Business:

5901 SOUTH CONGRESS AVE.
ATLANTIS, FL 33462

Current Mailing Address:

5901 SUTH CONGRESS AVE.
SUITE 1
ATLANTIS, FL 33462

New Mailing Address:

5901 SOUTH CONGRESS AVE.
SUITE 1
ATLANTIS, FL 33462

FEI Number: 65-0717211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHATZMAN, LARRY O
9200 SOUTH DADELAND BLVD.
SUITE 412
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWKOWICZ, RIVIAN
Address: 5901 SUTH CONGRESS AVE.
City-St-Zip: ATLANTIS, FL 33462

Title: SD () Delete
Name: LEWKOWICZ, MORRIS
Address: 5901 SUTH CONGRESS AVE.
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEWKOWICZ, RIVIAN
Address: 5901 SOUTH CONGRESS AVE.
City-St-Zip: ATLANTIS, FL 33462

Title: SD (X) Change () Addition
Name: LEWKOWICZ, MORRIS
Address: 5901 SOUTH CONGRESS AVE.
City-St-Zip: ATLANTIS, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MORRIS LEWKOWICZ

VP

04/18/2005

Electronic Signature of Signing Officer or Director

Date