


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90077 014 ***150.00

DOCUMENT # P97000003702 1. Entity Name NICHOLS AND BENNETT, INC.					
Principal Place of Business 5901 SOUTH CONGRESS AVE. ATLANTIS, FL 33462			Mailing Address 5901 SOUTH CONGRESS AVE. ATLANTIS, FL 33462		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0717211	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent SCHATZMAN, LARRY O 9200 SOUTH DADELAND BLVD. SUITE 412 MIAMI, FL 33156					
7. Name and Address of New Registered Agent Name RIVIAN LEWKOWICZ Street Address (P.O. Box Number is Not Acceptable) 5901 S CONGRESS AVE City ATLANTIS FL Zip Code 33462					
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: <u><i>Rivian Lewkowicz</i></u> DATE: <u>4-16-07</u> <small>Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LEWKOWICZ, RIVIAN 5901 SOUTH CONGRESS AVE. ATLANTIS, FL 33462	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEWKOWICZ, MORRIS 5901 SOUTH CONGRESS AVE. ATLANTIS, FL 33462	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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: <u><i>Rivian Lewkowicz</i></u> <u>4-16-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					