

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90247 017 ***550.00

DOCUMENT # P97000021678

1. Entity Name
NICORE, INC.



Principal Place of Business
**4897 W WATERS AVE
STE J
TAMPA, FL 33634 US**

Mailing Address
**4897 W WATERS AVE
STE J
TAMPA, FL 33634 US**

40051004



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3431506

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOOLEY, BILL V
4897 W. WATERS AVE.
STE J
TAMPA, FL 33634**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
C
SMITH, TREVOR G
STREET ADDRESS
4897 W WATERS AVE #J
CITY-ST-ZIP
TAMPA, FL 33634

TITLE
NAME
VC
HOOD, STEPHEN R
STREET ADDRESS
4897 W WATERS AVE #J
CITY-ST-ZIP
TAMPA, FL 33634

TITLE
NAME
P/C
WOOLEY, BILL V
STREET ADDRESS
4897 W WATERS AVE #J
CITY-ST-ZIP
TAMPA, FL 33634

TITLE
NAME
VP
BATES, GARRETT R
STREET ADDRESS
4897 W WATERS AVE #J
CITY-ST-ZIP
TAMPA, FL 33634

TITLE
NAME
DIRECTOR
JOHN SAMORA J C 2YK
STREET ADDRESS
4897 W. WATERS AVE #J
CITY-ST-ZIP
TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Bill V. Wooley* **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/06

Date

727-460-1907

Daytime Phone #