


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 06, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000067603 1. Entity Name NICHOLS SURF SHOP, INC.	
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Principal Place of Business 411 FLAGLER AVENUE NEW SMYRNA BEACH, FL 32169-2272	Mailing Address PO BOX 2272 NEW SMYRNA BEACH, FL 32170-2272
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01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2337439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARTER, CHARLES D 411 FLAGLER AVENUE NEW SMYRNA BEACH, FL 32169-2272

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, CHARLES D 411 FLAGLER AVENUE NEW SMYRNA BEACH, FL 321692272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARTER, ELISA D 411 FLAGLER AVENUE NEW SMYRNA BEACH, FL 321692272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARTER, ADELAIDE B 1108 PALMETTO STREET NEW SMYRNA BEACH, FL 321687428
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>UC0000293867 04/06/05-80042-024 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(f), 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: Charles D. Carter 4/4/05 386-427-5052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #