

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P97000067603	
1. Entity Name NICHOLS SURF SHOP, INC.	

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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DO NOT WRITE IN THIS SPACE

02222007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2337439	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

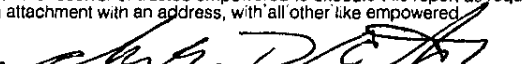
10. OFFICERS AND DIRECTORS

TITLE NAME 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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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:  **CHARLES D Carter** 4/5/2007 386 4275 050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #