


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 13, 2004 08:00 AM  
Secretary of State

DOCUMENT # P97000073422 1. Entity Name J.D. NICHOLS CONSTRUCTION, INC.	
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Principal Place of Business 5000-18 HWY 17 #270 ORANGE PARK, FL 32003	Mailing Address 5000-18 HWY 17 #270 ORANGE PARK, FL 32003
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DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent  NICHOLS, LINDA C 1959 LAKESHORE DR N ORANGE PARK, FL 32073	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000111692 04/13/04-80030-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICHOLS, J. DOUGLAS 5000-18 HWY 17 #270 ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICHOLS, LINDA 5000-18 HWY 17 #270 ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

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: <u>Linda C. Nichols</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-8-04 904 264-0411 Date Daytime Phone #
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