

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90015 005 \*\*\*150.00

**DOCUMENT # P97000100596**

1. Entity Name  
 NICOLAS PROPERTIES OF SOUTH FLORIDA, INC.



Principal Place of Business  
 2971 S.E. TAILWINDS RD.  
 JUPITER, FL 33478

Mailing Address  
 2971 S.E. TAILWINDS RD.  
 JUPITER, FL 33478

**DO NOT WRITE IN THIS SPACE**



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0797388

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~NAMISNIAK, SALLY~~  
~~130 E. HAMPTON WAY~~  
~~JUPITER, FL 33458~~

**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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PVST. LEON, KELLY 2971 S.E. TAILWINDS RD. JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, KELLY 2971 S.E. TAILWINDS RD. JUPITER, FL 33478
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)(i), 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: Kelly A. Leon KELLY A. LEON 3/6/04 (EOL) 746-0207

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