

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000108405

1. Entity Name
NICL, INC.



Principal Place of Business
2310 STARKEY ROAD
LARGO, FL 33771

Mailing Address
2310 STARKEY ROAD
LARGO, FL 33771



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3484025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PETRINI, RONALD R
2310 STARKEY ROAD
LARGO, FL 34641

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	D FOCARDI, NINA M 2310 STARKEY ROAD LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOKOLOWSKI, CLAUDIA F 2310 STARKEY ROAD LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRINI, RONALD R 2310 STARKEY ROAD LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/01/05-80002-022 550.00

**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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/05

727 584 8626
Daytime Phone #