

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000001943**

1. Entity Name  
**NIKKEL AND ASSOCIATES, INC.**



Principal Place of Business

1365 12 ST E.  
PALMETTO, FL 34221

Mailing Address

1365 12 ST E.  
PALMETTO, FL 34221



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number

**65-0879828**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

VANCE, BRIAN  
748 132ND ST. CIRCLE NE  
BRADENTON, FL 34212

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 reinstating)

DATE

**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

000000650160  
03/07/07-80080-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PT  
NAME VANCE, BRIAN  
STREET ADDRESS 748 132ND ST. CIRCLE NE  
CITY-ST-ZIP BRADENTON, FL 34212

TITLE VS  
NAME VANCE, LINDA  
STREET ADDRESS 748 132ND CIRCLE AVE.  
CITY-ST-ZIP BRADENTON, FL 34212

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/07  
Date

941-721-0504  
Daytime Phone #