2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2008 08:00 A Secretary of State

Applied For

DOCUMENT # P98 1. Entity Name NICHOLAS & SON, INC.						
Principal Place of Business	Mailing Address					
740 S US HWY/441	740 S US HWY 441/27					
LADYLAKE EL 32159	LADYLAKE EL 32159					



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01212008 No Chg-P CR2E034 (11/05)

59-3513932		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Re	Additional quired

NICHOLAS, VINCENT D **DBA NICHOLAS & SON INC** 740 S US HWY 441/27 LADY LAKE, FL 32159

SIGNATURE:

DO NOT WRITE IN THIS SPACE

4: FEI Number

E0 2512022

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 SIGNATURE							
Signature, typed or Drived name of registered agent and the ill applicable (NOTE: Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	U00000955344 03/27/08-80045-024 150.00		
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO NICHOLAS, VINCE 740 S US HWY 441/27 LADY LAKE, FL 32159						
TITLE NAME STREET ADORESS CITY-ST-ZIP	ST NICHOLAS, MICHELLE M 740 S US HWY 441/27 LADY LAKE, FL 32159						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
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 11 if changed, or on an attachment with an address, with all other like empowered.							

R OR DIRECTOR