


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000084688	
1. Entity Name NICHOLAS TRANSPORT OF CITRUS COUNTY, INC.	

Principal Place of Business 2527 W. ELM BLOSSOM ST. BEVERLY HILLS, FL 34465	Mailing Address PO BOX 640593 BEVERLY HILLS, FL 34464
---	---

DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

4. FBI Number 58-3535295	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 MCNALL, DEBRA J 13 S. ADAMS ST. BEVERLY HILLS, FL 34465	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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--------------------------------	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PS MCNALL, DEBRA PO BOX 640593 BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VT MCNALL, CRAIG PO BOX 640593 BEVERLY HILLS, FL 34465
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	

U00000169924
08/12/04-80004-007 150.00

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>Debra J. McNall</u> <u>Debra J. McNall</u> <u>8-9-04</u> <u>352 537</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone # <u>1194</u>
--	--	------	-----------------------------