


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 A
Secretary of State


DOCUMENT # P98000107608
 1. Entity Name
 STEPHEN NICHOLSON, INC.



Principal Place of Business
 670 N E STUART ST
 JENSEN BEACH, FL 34957

Mailing Address
 P O BOX 1861
 JENSEN BEACH, FL 34958

DO NOT WRITE IN THIS SPACE



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0885252

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLSON, STEPHEN
 670 NE STUART AVE
 JENSEN BEACH, FL 34957

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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 reconstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLSON, STEPHEN 870 NE STUART AVE JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HADFIELD, WILLIAM G 1596 NE DARLICH AVENUE JENSEN BEACH, FL 39457
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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: William Hadfield William Hadfield 4/24/07 772 834 4736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #