

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107608

Entity Name: STEPHEN NICHOLSON, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

670 N E STUART ST
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

P O BOX 1861
JENSEN BEACH, FL 34958

New Mailing Address:

FEI Number: 65-0885252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NICHOLSON, STEPHEN
Address: 670 NE STUART AVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: V () Delete
Name: HADFIELD, WILLIAM G
Address: 1596 NE DARLICH AVENUE
City-St-Zip: JENSEN BEACH, FL 39457

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM G. HADFIELD

V

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date