

1. Entity Name
NICELEY DONE INVESTMENTS, INC.



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-12132005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
PO BOX 390448 DELTONA, FL 32739-0448	P.O. BOX 390448 DELTONA, FL 32739-0448

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3631134	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BOGER, MICHAEL D
2440 DUMAS DR
DELTONA, FL 32738

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City	FL	Zip Code
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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 Michael Bogn
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	RSTD	<input type="checkbox"/> Delete
NAME	BOGER, MICHAEL D	
STREET ADDRESS	P.O. BOX 390448	
CITY- ST- ZIP	DELTONA, FL 327390448	

TITLE	D	<input type="checkbox"/> Delete
NAME	BOGER, KELLY J	
STREET ADDRESS	P.O. BOX 290414	
CITY-ST-ZIP	PORT ORANGE, FL 321290414	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP	11/9/06	

FILE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST - ZIP	

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	800051015829

TITLE	01/19/06--01007--01908-075805 Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Change ☐ Addition
 TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY - ST - ZIP _____

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael D. Boger Michael D Boger (386) 789-0233