

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000035940

Entity Name: NICHOLSON-WILLIAMS INC.

FILED  
Jun 29, 2004  
Secretary of State

## Current Principal Place of Business:

6639 SOUTHPOINT PKY  
STE 101  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

6639 SOUTHPOINT PKY  
STE 101  
JACKSONVILLE, FL 32216

## New Mailing Address:

FEI Number: 59-3571542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NICHOLSON, WILLARD-BARLOW JR  
6639 SOUTHPOINT PKY  
STE 101  
JACKSONVILLE, FL 32216 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: PD ( ) Delete  
Name: NICHOLSON, WILLARD B  
Address: 699 BEACH AVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: STD ( ) Delete  
Name: WILLIAMS, WALTER L JR  
Address: 3561 SILVERY LN  
City-St-Zip: JACKSONVILLE, FL 32217

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP ( ) Change (X) Addition  
Name: WANAMAKER, JOHN  
Address: 760 SOUTH VOLUSIA  
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLARD B. NICHOLSON

PD

06/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date