


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 31, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # P99000042505</b> 1. Entity Name CORWIN & NICKLAUS, INC.	
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Principal Place of Business 253 SHEPPARD ROAD, NW LAKE PLACID, FL 33852	Mailing Address 253 SHEPPARD ROAD, NW LAKE PLACID, FL 33852
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01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3578626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CORWIN, SHERRIE S 253 SHEPPARD ROAD, NW LAKE PLACID, FL 33852
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**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 reappointing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U000000808376  
02/07/08-80046-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD CORWIN, SHERRIE S 253 SHEPPARD ROAD, NW LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPSD NICKLAUS, MIKE 120 JAMISON AVE LAKE PLACID, FL 33852
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**DO NOT WRITE  
IN THIS SPACE**

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: Sherrie S. Corwin Sherrie S. Corwin 1-28-08 863-465-3373  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #