

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000057320

1. Entity Name
JAMES NICHOLAS ENTERPRISES, INC.



Principal Place of Business
113 NORTH FEDERAL HIGHWAY
DANIA BEACH, FL 33004

Mailing Address
113 NORTH FEDERAL HIGHWAY
DANIA BEACH, FL 33004



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0936466

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, GERALD J
113 NORTH FEDERAL HIGHWAY
DANIA BEACH, FL 33004

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PVST NICHOLAS, JAMES C 12613 N.W. 15TH STREET SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS, JAMES C 12613 N.W. 15TH STREET SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, GERALD 113 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000358919
05/04/05-80134-008 150.00

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IN THIS SPACE**

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, without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Gerald J. Adams *RA* **APR 28 2005**

Date

Daytime Phone #