

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90089 035 ***150.00

DOCUMENT # S19912					
1. Entity Name NICOLE AND ERIC, INC.					
Principal Place of Business 148 MARINER BLVD. SPRING HILL, FL 34609 US			Mailing Address 148 MARINER BLVD. SPRING HILL, FL 34609 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3051864	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAMO, JOSEPH P. 280 RUSK CIR. SPRING HILL, FL 34606			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-stating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MAMO, JOSEPH P. 280 RUSK CIR. SPRING HILL, FL 34606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T BRENNEMAN, DIANA P 18322 AUTUMN LAKE BLVD. HUDSON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete			
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 <i>Diana Brenneeman</i> x 3/30/07 x (352) 666-1008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		