

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90303 007 \*\*\*150.00

**DOCUMENT # S43035**

1. Entity Name  
**NICK'S COMPUTER FORMS/D.P., INC.**



Principal Place of Business

**576 LAKEWOOD DRIVE  
STE 504  
OLDSMAR, FL 34677 US**

Mailing Address

**P O BOX 14509  
CLEARWATER, FL 33766 US**

2. Principal Place of Business

**576 LAKEWOOD DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**576 LAKEWOOD DRIVE**

Suite, Apt. #, etc.

04252005

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3060073**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LARSON, HERBERT W.  
7381 114TH AVE. N.  
SUITE 406  
LARGO, FL 34643**

7. Name and Address of New Registered Agent

Name **NICK KALLIVOKAS**

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

**576 LAKEWOOD DRIVE**

City

**OLDSMAR**

**FL**

Zip Code

**34677**

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.

**NICK KALLIVOKAS - PRES**

(NOTE: Registered Agent signature required when reinstating)

**4-25-05**

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 **PD** ☐ Delete  
NAME **KALLIVOKAS, NICHOLAS**  
STREET ADDRESS **576 LAKEWOOD DRIVE**  
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NICK KALLIVOKAS - PRES 4-25-05 813-854-2277**

Date

Daytime Phone #