


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # S72950
 1. Entity Name
 NICHOLAS D. ENTERPRISES INC.



Principal Place of Business
 150 NORTHSIDE DR S
 JACKSONVILLE, FL 32218

Mailing Address
 POST OFFICE BOX 41285
 JACKSONVILLE, FL 32203



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3082283

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DURBANO, CONNIE
 150 NORTHSIDE DR., S
 JACKSONVILLE, FL 32218

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DP
 NAME DURBANO, NICHOLAS
 STREET ADDRESS 150 NORTHSIDE DR S
 CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE DST
 NAME DURBANO, CONNIE
 STREET ADDRESS 150 NORTHSIDE DR S
 CITY-ST-ZIP JACKSONVILLE, FL 32218

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107000467024
 03/23/06-80035-005 150.00

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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: [Signature] DATE: 1-10-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #