

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000005620

**Entity Name:** NICK P. COLA, CPA, P.A.

**Current Principal Place of Business:**

853 MAIN STREET  
SUITE A  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

853 MAIN STREET  
SUITE A  
SAFETY HARBOR, FL 34695

**FEI Number:** 59-3547972

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COLA, NICK P  
853 MAIN STREET  
SUITE A  
SAFETY HARBOR, FL 34695 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name COLA, NICK P  
Address 853 MAIN STREET SUITE A  
City-State-Zip: SAFETY HARBOR FL 34695

Title VP  
Name COLA, DIANE L  
Address 853 MAIN STREET SUITE A  
City-State-Zip: SAFETY HARBOR FL 34695

Title VP  
Name FLEMING, CRISTI C  
Address 853 MAIN STREET SUITE A  
City-State-Zip: SAFETY HARBOR FL 34695

Title VP  
Name COLA, ANTHONY N  
Address 853 MAIN STREET SUITE A  
City-State-Zip: SAFETY HARBOR FL 34695

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICK P COLA

**PRESIDENT**

**01/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date