

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000031144

Entity Name: NIGHTMARE, INC**Current Principal Place of Business:**562 NW INTERPARK PLACE
FRANK RECCA
PORT SAINT LUCIE, FL 34986**Current Mailing Address:**642 SW MUNJACK CT
PORT SAINT LUCIE, FL 34986 US**FEI Number:** 26-4633356**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD
SUITE 36
ORLANDO, FL 32822 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, D
Name	MURRAY, SEAN T
Address	642 SW MUNJACK CV
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	S, D
Name	RECCA, FRANK JJR.
Address	642 SW MUNJACK CV
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	T
Name	RECCA, FRANK JJR.
Address	642 SW MUNJACK CV
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	VP
Name	RECCA, FRANK JJR.
Address	642 SW MUNJACK CV
City-State-Zip:	PORT SAINT LUCIE FL 34986

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: FRANK RECCA

VP

01/31/2023

Electronic Signature of Signing Officer/Director Detail_____
Date