2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98227

Name:

Address:

City-St-Zip:

RAMMELKAMP, THEODORE

JACKSONVILLE, IL 62650

1228 WEST COLLEGE AVENUE

FILED Apr 29, 2008 Secretary of State

Entity Nar	ne: THE NIC	KEL PLATE LINE, INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
2165 GULF-TO-BAY BOULEVARD OFFICE BUILDING - #2 CLEARWATER, FL 33765 US				2214 CYPRESS HOLLOW COURT SAFETY HARBOR, FL 34695 US	
Current M	ailing Addres	ss:	New Mailing Addres	New Mailing Address:	
	FICE BOX 500 ATER, FL 337				
FEI Number:	58-1484138	FEI Number Applied For (() FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			nt: Name and Address	Name and Address of New Registered Agent:	
2165 GULF BOX 5008	MICHAEL C F-TO-BAY BO ATER, FL 337	ULEVARD-OFFICE BLD 58 US	G 2214 CYPRESS HOL	RAUSCH, MICHAEL C 2214 CYPRESS HOLLOW SAFETY HARBOR, FL 34695 US	
	named entity : e of Florida.	submits this statement fo	or the purpose of changing its register	ed office or registered agent, or both,	
SIGNATURE:				04/29/2008	
	Electror	nic Signature of Register	ed Agent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RAUSCH, MICH	-BAY BLVD-OFFICE #2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RAUSCH, RUTI	S HOLLOW COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL C. RAUSCH PRES 04/29/2008