

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H27516

Entity Name: NCK, INC.

FILED  
Jan 18, 2011  
Secretary of State

**Current Principal Place of Business:**

4700 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4700 SOUTHSIDE BLVD  
PO BOX 19026 F  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-2489122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HELMICK, JOHN P., JR.  
4700 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HELMICK, JOHN P., JR.  
Address: 4700 SOUTHSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL

Title: VD  
Name: LYNCH, HAL L., JR.  
Address: 4700 SOUTHSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL

Title: STD  
Name: PERRY, THOMAS W., JR.  
Address: 4700 SOUTHSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL

Title: AS  
Name: THOMAS LOVE  
Address: 4700 SOUTHSIDE BLVD.  
City-St-Zip: JACKSONVILLE, FL

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: THOMAS LOVE

AS

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date