## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000028793

2167 PINEWOODS CIRCLE

NAPLES, FL 34105

Address: City-St-Zip:

Entity Name: NICKENJOHN ENTERPRISES INCORPORATED

FILED Jan 16, 2009 Secretary of State

Littly Nai	IIIE. NICKEN	JOHN ENTERFRISES, INCORF	ORATED		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
5621 STRA SUITE 111 NAPLES, F		/ARD			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
5621 STRA SUITE 111 NAPLES, F		/ARD			
FEI Number:	: 65-0995462	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SHIRGHIO, NICHOLAS A 2167 PINEWOODS CIRCLE NAPLES, FL 34105 US				1636 CHIŃABERRY WAY	
	named entity of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: JOHN R	. GILHART		01/16/2009	
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( TRASK, KENN 356 SHARWO NAPLES, FL	OD DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( GILHART, JOH 1636 CHINABI NAPLES, FL :	ERRY WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	STD ( SHIRGHIO, NI	) Delete CHOLAS A	Title: Name:	( ) 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.

Address:

City-St-Zip:

SIGNATURE: JOHN R. GILHART VD 01/16/2009