2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90012 049 ***150.00

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1. Entity Name
NCK INVESTORS, INC.

Principal Place of Business	Mailing Address
IMG CENTER 1360 E 9TH ST STE 100 CLEVELAND, OH 44114	IMG CENTER 1360 E 9TH ST STE 100 CLEVELAND, OH 44114 US

01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3325363
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KEYSER, STEPHEN ESQ
1515 RINGLING BLVD., SUITE 1000
SARASOTA, FL 34236

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SELES, MONICA
STREET ADDRESS	2895 DICK WILSON DRIVE
CITY-ST-ZIP	SARASOTA, FL 34277
TITLE	S
NAME	CARFAGNA, PETER A
STREET ADDRESS	1360 EAST NINTH ST., SUITE 100
CITY-ST-ZIP	CLEVELAND, OH 44114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Peter A. Carfagna X 1/26/04 216-522-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PETER A. CARFAGNA