

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90011 038 ***150.00

DOCUMENT # P96000048989

1. Entity Name
NICKLAUS MARKETING, INC.



Principal Place of Business
**11780 US HIGHWAY ONE
SUITE 500
NORTH PALM BEACH, FL 33408**

Mailing Address
**11780 US HIGHWAY ONE
SUITE 500
NORTH PALM BEACH, FL 33408**

DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0680880** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAILE, SHAW & PFAFFENBERGER, P.A.
660 US HWY ONE SUITE 300
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | DP |
| NAME | NICKLAUS, JACK W |
| STREET ADDRESS | 11780 U.S. HIGHWAY ONE #500 |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | D |
| NAME | NICKLAUS, JACK W II |
| STREET ADDRESS | 11780 U.S. HIGHWAY ONE, #500 |
| CITY-ST-ZIP | N PALM BCH, FL 33408 |
| TITLE | D |
| NAME | NICKLAUS, STEVEN C |
| STREET ADDRESS | 11780 US HWY ONE, STE 500 |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | SVP S |
| NAME | DOTY, DONNA L |
| STREET ADDRESS | 11780 US HIGHWAY ONE #500 |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | SVP |
| NAME | James H. Senare 11 |
| STREET ADDRESS | 11780 U.S. Highway one, #500 |
| CITY-ST-ZIP | North Palm Beach, FL 33408 |
| TITLE | T |
| NAME | Eleanor Costantino |
| STREET ADDRESS | 11780 U.S. Highway one, #500 |
| CITY-ST-ZIP | N. Palm Beach, FL 33408 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.20.08 561.227.0320

Date

Daytime Phone #