

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000021551

**Entity Name:** NICKMARK CORPORATION

**Current Principal Place of Business:**

8640 SEMINOLE BLVD.  
SEMINOLE, FL 33772

**Current Mailing Address:**

5 CHILTERN CLOSE, CHESYLN HAY WALSALL  
WEST MIDLANDS ENGLAND  
WS6 7PJ, XX XX XX

**FEI Number:** 59-3634995

**Certificate of Status Desired:** No

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

HOFSTRA, PETER T  
8640 SEMINOLE BLVD.  
SEMINOLE, FL 33772 US

*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

**Officer/Director Detail :**

|                 |                                         |
|-----------------|-----------------------------------------|
| Title           | P                                       |
| Name            | ROSE, CHRISTOPHER T                     |
| Address         | 5 CHILTERN CLOSE CHESLYN-HAY<br>WALSALL |
| City-State-Zip: | WEST MIDLANDS, ENGLAND WS6-<br>7PJ      |

|                 |                                         |
|-----------------|-----------------------------------------|
| Title           | S                                       |
| Name            | ROSE, ELIZABETH QM                      |
| Address         | 5 CHILTERN CLOSE CHESLYN-HAY<br>WALSALL |
| City-State-Zip: | WEST MIDLANDS, ENGLAND WS6-<br>7PJ      |

*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:** CHRISTOPHER ROSE

**PRESIDENT**

**02/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date