

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 265081

Entity Name: NOZZLE NOLEN INC

FILED  
Jan 07, 2006  
Secretary of State

**Current Principal Place of Business:**

5400 BROADWAY  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

5400 BROADWAY  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 59-0996741

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NOLEN, DAVID M  
5400 BROADWAY  
WESTPALM BEACH, FL 33407 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: NOLEN, DAVID MICHAEL  
Address: 5400 BROADWAY  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VPD ( ) Delete  
Name: PIERCE, JOHN CPA  
Address: 617 INLET WAY  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ST ( ) Delete  
Name: NOLEN, KENNETH, E,  
Address: 5720 PARKE AVE  
City-St-Zip: W PALM BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: NOLEN, KENNETH, E,  
Address: 5720 PARKE AVE  
City-St-Zip: W PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DAVID MICHAEL NOLEN

PRES

01/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date