


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90019 031 \*\*\*150.00

DOCUMENT # P06000151621					
1. Entity Name NOBLE MONUMENT COMPANY, INC.					
Principal Place of Business 1001 ATLANTIC AVENUE SUITE A FERNANDINA BEACH FL 32034			Mailing Address 1001 ATLANTIC AVENUE SUITE A FERNANDINA BEACH FL 32034		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NOBLE, RONALD M 86224 FIELDSTONE RD YULEE FL 32097				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 <u>Ronald M. Noble</u>				DATE <u>02-23-07</u>	
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/T			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLE, RONALD M	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	86224 FIELDSTONE RD			STREET ADDRESS	
CITY- ST- ZIP	YULEE FL 32097			CITY- ST- ZIP	
TITLE	VP/S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLE, EMMALEE B			NAME	
STREET ADDRESS	86224 FIELDSTONE RD			STREET ADDRESS	
CITY- ST- ZIP	YULEE FL 32097			CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Ronald M. Noble</u>				DATE: <u>02-23-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				CIRCUIT PHONE # <u>904-277-4499</u>	



1st MOORE CR2E034 (10/06)