

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151621

FILED
Mar 13, 2009
Secretary of State

Entity Name: NOBLE MONUMENT COMPANY, INC.

Current Principal Place of Business:

1001 ATLANTIC AVENUE
SUITE A
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

86224 FIELDSTONE DRIVE
YULEE, FL 32087

Current Mailing Address:

1001 ATLANTIC AVENUE
SUITE A
FERNANDINA BEACH, FL 32034

New Mailing Address:

86224 FIELDSTONE DRIVE
YULEE, FL 32087

FEI Number: 20-8016981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBLE, RONALD M
86224 FIELDSTONE RD
YULEE, FL 32097 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: P/T () Delete
Name: NOBLE, RONALD M
Address: 86224 FIELDSTONE RD
City-St-Zip: YULEE, FL 32097

Title: VP/S () Delete
Name: NOBLE, EMMALEE B
Address: 86224 FIELDSTONE RD
City-St-Zip: YULEE, FL 32097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RONALD M. NOBLE

P/T

03/13/2009

Electronic Signature of Signing Officer or Director

_____ Date