

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2008 8:00 am
Secretary of State

05-15-2008 90028 029 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # P07000109621 1. Entity Name NOBLE - MCGOWAN BUSINESS & TRAINING CONSULTANTS, INCORPORATED						
Principal Place of Business 2914 MORNINGSIDE DR. TALLAHASSEE FL 32301			Mailing Address 2914 MORNINGSIDE DR. TALLAHASSEE FL 32301			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country			City & State Zip Country			
4. FEI Number 75-3256890				☐ Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MC GOWAN, PATRICIA N 2914 MORNINGSIDE DR. TALLAHASSEE FL 32301		
7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and fee filer (if applicable). (NOTE: Registered Agent's signature required when registering.)						
FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCGOWAN, PATRICIA N P.O. BOX 6096 TALLAHASSEE FL 32314		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: <i>Patricia N. McGowan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/27/08 Date		