


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90016 029 \*\*\*150.00

<b>DOCUMENT # 117057</b> 1. Entity Name <b>CLAUDE NOLAN INC.</b>			
Principal Place of Business <b>1514-2 NIRA ST JACKSONVILLE FL 32207 US</b>		Mailing Address <b>P O BOX 22 ORTEGA STATION JACKSONVILLE FL 32210 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>1514-2 Nira Street</b> Suite, Apt. #, etc.	
City & State Zip		City & State <b>Jacksonville, FL</b> Zip <b>32207</b>	
Country		Country	
4. FEI Number <b>59-0378220</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HELMICK JR, JOHN P 1514-2 NIRA ST JACKSONVILLE FL 32207</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HELMICK, JOHN P, JR	NAME	
STREET ADDRESS	1514-2 NIRA ST	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32207	CITY- ST- ZIP	
TITLE	VASD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BROWN, BARRET	NAME	
STREET ADDRESS	1514-2 NIRA ST	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32207	CITY- ST- ZIP	
TITLE	PTD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BROWN, LILA BYRD	NAME	
STREET ADDRESS	1514-2 NIRA ST	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32207	CITY- ST- ZIP	
TITLE	AV	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HELMICK, MARC A	NAME	
STREET ADDRESS	1514-2 NIRA ST	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32207	CITY- ST- ZIP	
TITLE	AVS	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HELMICK, CLAUDETTE B	NAME	
STREET ADDRESS	1514-2 NIRA ST	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32207	CITY- ST- ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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.			
<b>SIGNATURE:</b> <i>Dan Brown</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>3-10-08</b> Daytime Phone #: <b>904-346-0107</b>	