

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 248254

1. Entity Name

HIGH NOON APARTMENT MOTELS, INC.



Principal Place of Business

4424 EL MAR DRIVE
LAUDERDALE-BY-THE-SEA
LAUDERDALE BY THE SEA FL 33308

Mailing Address

4424 EL MAR DRIVE
LAUDERDALE-BY-THE-SEA
LAUDERDALE BY THE SEA FL 33308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-0933439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOVAK, PAUL
4416 EL MAR DRIVE
LAUDERDALE BY SEA FL 33308

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	NOVAK, PAUL	
STREET ADDRESS	191 SHERWOOD DR.	
CITY-ST-ZIP	GLASTONBURY CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOVAK, BRUCE	
STREET ADDRESS	191 SHERWOOD DR.	
CITY-ST-ZIP	GLASTONBURY CT	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NOVAK, CAROL	
STREET ADDRESS	191 SHERWOOD DR.	
CITY-ST-ZIP	GLASTONBURY CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOVAK, BRIAN	
STREET ADDRESS	191 SHERWOOD DR.	
CITY-ST-ZIP	GLASTONBURY CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOVAK, JENNIFER	
STREET ADDRESS	191 SHERWOOD DRIVE	
CITY-ST-ZIP	GLASTONBURY CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000015849	
STREET ADDRESS	01/28/04-80030-014 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul Novak

1/21/04

954-776-1121