

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90035 020 ***150.00

DOCUMENT # 398680

1. Entity Name
MILLARD J. NOBLIN REALTY, INC.



Principal Place of Business
**1809 MICCOSUKEE COMMONS DRIVE
SUITE 112
TALLAHASSEE, FL 32308 US**

Mailing Address
**P.O. BOX 14019
TALLAHASSEE, FL 32317-4019**

40019107



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

01162007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1396560

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOBLIN, MILLARD J
1809 MICCOSUKEE COMMONS DRIVE
SUITE 112
TALLAHASSEE, FL 32308**

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, 2007 Fee will be \$550.00**

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 PD
NAME NOBLIN, MILLARD J
STREET ADDRESS ~~2508 HARRIMAN CIR~~
CITY- ST- ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE ADDRESS CHANGES
NAME MILLARD J. NOBLIN
STREET ADDRESS 1809 MICCOSUKEE COMMONS DR., #112
CITY- ST- ZIP TALLAHASSEE, FL 32308 ☐ Addition

TITLE TD
NAME NOBLIN, BARBARA P
STREET ADDRESS ~~2508 HARRIMAN CIR~~
CITY- ST- ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME BARBARA P. NOBLIN
STREET ADDRESS 1809 MICCOSUKEE COMMONS DR., #112
CITY- ST- ZIP TALLAHASSEE, FL 32308 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

MILLARD J. NOBLIN

2/15/07

(850)877-5841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #