## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE:

## Jan 31, 2007 8:00 am Secretary of State **DOCUMENT # 601736** 1. Entity Name 01-31-2007 90053 024 \*\*\*150.00 NOWLIN & NOWLIN, P.A. Principal Place of Business Mailing Address 308 N.W. 17TH ST DELRAY BEACH FL 33483 72 N.E. FIFTH AVE DELRAY BEACH FL 33483 Principal Place of Business - No P.O. Box # CR2E034 (10/06) 1st MOORE City & State 4. FEI Number Applied For 59-1277629 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **NOWLIN JR, JAMES W** Street Address (P.O. Box Number is Not Acceptable) 308 N.W. 17TH ST **DELRAY BEACH FL 33444** 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE Delete MLE Change NOWLIN JR, JAMES W NAME NAME 22015.W. Roma WAY 308 NW 17TH ST STREET ADDRESS STREE1 ADDRESS DELRAY BCH FL 33444 CITY-SI-7IP CITY-ST-7IP HILLE □ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete TITLE Addition Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Defete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP IIILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 Chantor 607, Florida Statutes; and that my hance appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED**