


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

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90053 024 \*\*\*150.00

**DOCUMENT # 601736**  
 1. Entity Name  
**NOWLIN & NOWLIN, P.A.**



Principal Place of Business  
 72 N.E. FIFTH AVE  
 DELRAY BEACH FL 33483

Mailing Address  
 308 N.W. 17TH ST  
 DELRAY BEACH FL 33483



2. Principal Place of Business - No P.O. Box #  
**2201 S.W. Roma Way**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2201 S.W. Roma Way**  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
**Boynton Bch. Fla.**

City & State  
**Boynton Bch. Fla.**

Zip  
**33426-6530**

Country  
**U.S.A.**

4. FEI Number **59-1277629** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NOWLIN JR, JAMES W**  
**308 N.W. 17TH ST**  
**DELRAY BEACH FL 33444**

**7. Name and Address of New Registered Agent**

Name **JAMES W. Nowlin Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2201 S.W. Roma Way**  
 City **Boynton Beach** FL Zip Code **33426**

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 **JAMES W. Nowlin Jr.** DATE **1/29/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
SPT	NOWLIN JR, JAMES W	308 NW 17TH ST	DELRAY BCH FL 33444	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PUSD DC	JAMES W. Nowlin Jr.	2201 S.W. Roma Way	BOYNTON BEACH FL 33426	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **JAMES W. Nowlin Jr.** DATE **1/29/07** 562-533-6941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #