

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90019 032 ***150.00



DOCUMENT # 608229

1. Entity Name

NOBLITT & WOHLGEMUTH, INC.

Principal Place of Business

3720 5TH AVE N. 126 13 AVE NE
ST PETERSBURG FL 33719
33701

Mailing Address

3720 5TH AVE N. 126 13 AVE NE
ST PETERSBURG FL 33715
33701



2. Principal Place of Business

126 13 AVE N.E

3. Mailing Address

201 ALORA ST NE

1st MOORE

CR2E034 (10/04)

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number

59-1903603

Applied For

Not Applicable

Zip

33701

Country

FLORIDA

Zip

33704

Country

FLORIDA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOHLGEMUTH, NANCY
3720 5TH AVE N. 126 13 AVE NE
ST PETERSBURG FL 33719 ST PETERSBURG
FL 33701

7. Name and Address of New Registered Agent

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

Nancy Wohlgemuth **NANCY WOHLGEMUTH**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 7 2005

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	VP <input type="checkbox"/> Delete
NAME	NOBLITT, HENRY L
STREET ADDRESS	3720 5TH AVE N. 201 ALORA ST NE
CITY-ST-ZIP	ST PETERSBURG FL 33704
TITLE	P <input type="checkbox"/> Delete
NAME	WOHLGEMUTH, NANCY
STREET ADDRESS	3720 5TH AVE N. 126 13 AVE NE
CITY-ST-ZIP	ST PETERSBURG FL 33701
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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)(i), 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: *HENRY L NOBLITT* **HENRY L NOBLITT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7 2005 **April 7 2005 (727) 821-0042**

Date

Daytime Phone #