

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 636902

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** DEWEY - NOLLER BUILDERS, INC.

**Current Principal Place of Business:**

1100 SYLVAN DRIVE  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1333  
BOCA GRANDE, FL 33921

**New Mailing Address:**

PO BOX 1333  
BOCA GRANDE, FL 33921 US

**FEI Number:** 59-1963371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NOLLER, DAVID C.  
3618 NW 22ND TERRACE  
CAPE CORAL, FL 33993 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NOLLER, DAVID C  
Address: 3618 NW 22ND TERRACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: SD  
Name: NOLLER, SUSANNE L  
Address: 3618 NW 22ND TERRACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: VD  
Name: BARRY, KENNETH A  
Address: 2465 LOMA LINDA STREET  
City-St-Zip: SARASTOA, FL 34239

Title: TD  
Name: NOLLER, PAUL J  
Address: 1396 PORPOISE ROAD  
City-St-Zip: VENICE, FL 34293

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL J NOLLER

TD

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date