

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90017 018 \*\*\*158.75

**DOCUMENT # F00000005857**

1. Entity Name  
**NOVA TECHNOLOGIES AN EMPLOYEE OWNED SERVICES COMPANY**



Principal Place of Business  
**429 S TYNDALL PARKWAY  
SUITE L  
PANAMA CITY, FL 32404**

Mailing Address  
**429 S TYNDALL PARKWAY  
SUITE L  
PANAMA CITY, FL 32404**

**54008583**

2. Principal Place of Business  
Suite, Apt. #, etc.  
**Suite S**  
City & State  
**Panama City, FL**  
Zip  
**32404**

3. Mailing Address  
Suite, Apt. #, etc.  
**Suite S**  
City & State  
**Panama City, FL**  
Zip  
**32404**



01282004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3668895**

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

6. Name and Address of Current Registered Agent  
**HARE, DIANE C CPA  
3003 S HWY 77, SUITE A  
LYNN HAVEN, FL 32444**

7. Name and Address of New Registered Agent  
Name **Diane C. Hare CPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2589 Jenks Ave.**  
City **Panama City** FL Zip Code **32405**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	CV BLACK, JAMES A III 5219 MELISSA DR PANAMA CITY, FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CALLOWAY, DAVID L 3466 SCOUT LAKE LANE OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUSHE, RANDALL G 8206 PALM COVE BLVD PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, ALFRED 4319 CANDLEWOOD LANE PONCE INLET, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **James A. Black** **30 JAN 04** **850-914-0002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #