

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000005857**

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



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

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



04252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3668895**

Applied For  
Not Applicable

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

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

**HARE, DIANE C CPA  
2589 JENKS AVE.  
PANAMA CITY, FL 32405**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DC
NAME	BLACK, JAMES A III
STREET ADDRESS	5219 MELISSA DR
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	DV
NAME	CALLOWAY, DAVID L
STREET ADDRESS	3466 SCOUT LAKE LANE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	DV
NAME	RUSHE, RANDALL G
STREET ADDRESS	8206 PALM COVE BLVD
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	DP
NAME	THOMAS, ALFRED
STREET ADDRESS	4319 CANDLEWOOD LANE
CITY-ST-ZIP	PONCE INLET, FL 32127
TITLE	DV
NAME	JOHNSON, BART
STREET ADDRESS	14519 RIVIERA POINTE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/06-80076-004 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**28 April 06**

Date

**850-914-0002**

Daytime Phone #