

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 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



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3668895

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 renewing).

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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    |                             |

**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

JAMES A. BLACK III

15 FEB 08

Date

850-94-0002

Daytime Phone #