

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000002939

1. Entity Name  
NOBLE-CHASE GROUP, INC.



Principal Place of Business  
2100 CONSTITUTION BLVD  
SARASOTA, FL 34231

Mailing Address  
2100 CONSTITUTION BLVD  
SARASOTA, FL 34231

**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**88-0322234**

Applied For
Not Applicable

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

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

COBB, WAYNE  
2100 CONSTITUTION BLVD  
SARASOTA, FL 34231

**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 reinstating)

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	P
NAME	COBB, WAYNE
STREET ADDRESS	2100 CONSTITUTION BLVD
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	ST
NAME	COBB, WAYNE
STREET ADDRESS	2100 CONSTITUTION BLVD
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000958976  
09/03/08-80011-015 550.00

**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

Date

Daytime Phone #

9-2-08 (800) 814-0464