

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F42324 1. Entity Name NOBLES, DECKER, LENKER & CARDOSO, C.P.A'S, P.A.	
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Principal Place of Business 102 W WHITING ST 201 TAMPA, FL 33602	Mailing Address 102 W WHITING ST 201 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2134358	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NOBLES, EDGAR D 2315 S OCCIDENT STREET TAMPA, FL 33629	DO NOT WRITE IN THIS SPACE
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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

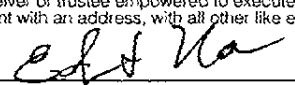
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DECKER, JAMES R. 15127 CONTOY PLACE TAMPA, FL 0,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LENKER, MARK N., JR. 410 PINEHURST TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NOBLES, EDGAR D 2315 S OCCIDENT STREET TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CARDOSO, OSCAR M. 7235 RIVER FOREST LANE TEMPLE TERRACE, F
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/05/04-80001-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1-31-07** **813-223-3455**
Date Daytime Phone #