

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F42324

1. Entity Name

NOBLES, DECKER, LENKER & CARDOSO, C.P.A'S, P.A.



Principal Place of Business

102 W WHITING ST
201
TAMPA, FL 33602

Mailing Address

102 W WHITING ST
201
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE



01132005 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**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DECKER, JAMES R.
STREET ADDRESS	15127 CONTOY PLACE
CITY-ST-ZIP	TAMPA, FL 0,
TITLE	SD
NAME	LENKER, MARK N., JR.
STREET ADDRESS	410 PINEHURST
CITY-ST-ZIP	TEMPLE TERRACE, FL
TITLE	PD
NAME	NOBLES, EDGAR D
STREET ADDRESS	2315 S OCCIDENT STREET
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	VD
NAME	CARDOSO, OSCAR M.
STREET ADDRESS	7235 RIVER FOREST LANE
CITY-ST-ZIP	TEMPLE TERRACE, F
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80045-023 150.00

**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

Date

Daytime Phone #

EDGAR D NOBLES, PRES 1/15/05 (813) 223-3455