2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 02, 2006 8:00 am
Secretary of State
02-02-2006 90081 012 ***150.00

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

Principal Place of Business	Mailing Address
102 W WHITING ST 201 TAMPA, FL 33602	102 W WHITING ST 201 TAMPA, FL 33602

01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	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	

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 #