


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90439 042 ***150.00

DOCUMENT # F96000001563 1. Entity Name NOVA FACTOR, INC.					
Principal Place of Business 1620 CENTURY CENTER PKWY, SUITE 109 MEMPHIS, TN 38134			Mailing Address 1620 CENTURY CENTER PKWY, SUITE 109 MEMPHIS, TN 38134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 62-1439852	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVENS, DAVID		NAME		
STREET ADDRESS	1640 CENTURY CENTER PKWY., SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN		CITY-ST-ZIP		
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GROW, JOHN R		NAME	President	
STREET ADDRESS	1620 CENTURY CENTER PKWY, SUITE 109		STREET ADDRESS	1640 Century Center Pkwy., Ste 101	
CITY-ST-ZIP	MEMPHIS, TN		CITY-ST-ZIP	Memphis, TN 38134	
TITLE	TV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIMBROUGH, JOEL		NAME		
STREET ADDRESS	1640 CENTURY CENTER PKWY., SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN		CITY-ST-ZIP		
TITLE	SV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, THOMAS W JR		NAME		
STREET ADDRESS	1640 CENTURY CENTER PKWY., SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38134		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Thomas W Bell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/20/05		Daytime Phone # 901-385-3688