

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000004955

1. Entity Name
N.O.M. PROPERTIES, INC.



Principal Place of Business
250 WASHINGTON ST
PRATTVILLE, AL 36067

Mailing Address
P.O. BOX 680176
PRATTVILLE, AL 36068



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1397575

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KIEHN, ROLAND W
220 MCKENZIE AVE
PANAMA CITY, FL 32401

**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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE DV
NAME MCDONALD, MARK
STREET ADDRESS 3841 GREEN HILLS VILLAGE DR., #400
CITY-ST-ZIP NASHVILLE, TN 37215

TITLE DST
NAME OLDACRE, WILLIAM A JR.
STREET ADDRESS 3841 GREEN HILLS VILLAGE DR., #400
CITY-ST-ZIP NASHVILLE, TN 37215

TITLE DP
NAME NEWTON, THOMAS E
STREET ADDRESS 250 WASHINGTON ST.
CITY-ST-ZIP PRATTVILLE, AL 36067

TITLE D
NAME HORNE, ADRIANNE M
STREET ADDRESS 1209 ORANGE ST.
CITY-ST-ZIP WILMINGTON, DE 19801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000013807
01/26/04-80068-020 150.00

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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: Thomas E Newton, President 1/21/04 334-361-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #