


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000004927 1. Entity Name NOLBO, INC.	
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Principal Place of Business 8426 SUNSTATE ST TAMPA, FL 33634	Mailing Address 8426 SUNSTATE ST TAMPA, FL 33634
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01162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3518685

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOLLEY, MARVIN
% GLADSTONE'S GRILLED CHICKEN
8426 SUNSTATE ST
TAMPA, FL 33634

**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

U00000138691
04/29/04-80091-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP NOLLEY, MARVIN M 8426 SUNSTATE ST TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GVV GREKTORP, BO G 8426 SUNSTATE ST TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREMSTROM, HANS 8426 SUNSTATE ST TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLAHERTY, SEAN 8426 SUNSTATE ST TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NOLLEY, CAROL 8426 SUNSTATE ST TAMPA, FL 33634
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 exemption stated in Section 119.07(3)(f), 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

4/23/04 813-221-2988
Date Daytime Phone #