

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90207 019 ***150.00

DOCUMENT # F98000004927 1. Entity Name NOLBO, INC.			
Principal Place of Business 8426 SUNSTATE ST TAMPA, FL 33634		Mailing Address 8426 SUNSTATE ST TAMPA, FL 33634	
2. Principal Place of Business 5203 E. FOWLER AVE Suite, Apt. #, etc.		3. Mailing Address 5203 E. FOWLER AVE Suite, Apt. #, etc.	
City & State TAMPA, FL Zip 33617 Country USA		City & State TAMPA, FL Zip 33617 Country USA	
4. FEI Number 59-3518685		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOLLEY, MARVIN % GLADSTONE'S GRILLED CHICKEN 8426 SUNSTATE ST TAMPA, FL 33634		7. Name and Address of New Registered Agent Name NOLLEY, MARVIN Street Address (P.O. Box Number is Not Acceptable) 5203 E. FOWLER AVE City TAMPA FL Zip Code 33617	
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)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	CP NOLLEY, MARVIN M 8426 SUNSTATE ST TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP NOLLEY, MARVIN 5203 E. FOWLER AVE TAMPA, FL 33617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NOLLEY, CAROL 8426 SUNSTATE ST TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 information empowered.			
SIGNATURE: <u><i>Marvin Nolley</i></u> MARVIN NOLLEY 4/27/06 8139803288 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			