


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90034 024 \*\*\*150.00

<b>DOCUMENT # F98000004927</b> 1. Entity Name <b>NOLBO, INC.</b>			
Principal Place of Business <b>5203 E. FOWLER AVE TAMPA, FL 33634</b>		Mailing Address <b>5203 E. FOWLER AVE TAMPA, FL 33634</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>7002 DRURY ST.</b>		Suite, Apt. #, etc. <b>7002 DRURY ST.</b>	
City & State <b>TAMPA, FL.</b>		City & State <b>TAMPA, FL.</b>	
Zip <b>33635</b>		Zip <b>33635</b>	
Country <b>HILLS.</b>		Country <b>HILLS.</b>	
4. FEI Number <b>59-3518685</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NOLLEY, MARVIN % GLADSTONE'S GRILLED CHICKEN 8426 SUNSTATE ST TAMPA, FL 33634</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>7002 DRURY STREET</b> City <b>TAMPA</b> FL Zip Code <b>33635</b>	
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 <u><i>Marvin Nolley</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3-18-07</u>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP NOLLEY, MARVIN M 5203 E. FOWLER AVE TAMPA, FL 33614	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP NOLLEY, MARVIN M 5203 E. FOWLER AVE TAMPA, FL 33614	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Marvin Nolley</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>MARVIN NOLLEY</b>		Date <u>3/18/07</u> Daytime Phone # <u>813-884-8008</u>	

**60026153**



03182007 Chg-P CR2E034 (12/06)