

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G15797

FILED
Jan 21, 2004
Secretary of State

Entity Name: ALLEN NOBLES & ASSOCIATES, INC.

Current Principal Place of Business:

2720 PABLO AVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

2844 PABLO AVE
TALLAHASSEE, FL 32308 US

Current Mailing Address:

2720 PABLO AVE
TALLAHASSEE, FL 32308 US

New Mailing Address:

2844 PABLO AVE
TALLAHASSEE, FL 32308 US

FEI Number: 59-2241856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOBLES, ALLEN K
2720 PABLO AVENUE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

NOBLES, ALLEN K
2844 PABLO AVENUE
TALLAHASSEE, FL 32308 US

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.

SIGNATURE:

01/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: NOBLES, ALLEN K.,
Address: 2799 A.J. HENRY PARK DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: V () Delete
Name: ADAMS, WILLIAM P
Address: 1307 SHADY REST ROAD
City-St-Zip: HAVANA, FL 32333

Title: V (X) Delete
Name: SNYDER, DAVID F
Address: 2823 FITZPATRICK DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: V () Delete
Name: ZOLTEK, MICHAEL J
Address: 2605 PALAMINO TRAIL
City-St-Zip: CRESTVIEW, FL 32536

Title: V () Delete
Name: GRISWOLD, DAVID J
Address: 5094 NW COUNTY ROAD 274
City-St-Zip: ALTHA, FL 32421

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN NOBLES

PRES

01/21/2004

Electronic Signature of Signing Officer or Director

Date