


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90029 002 ***150.00

DOCUMENT # G24514 1. Entity Name CHARLES NOFAL, INC.	
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Principal Place of Business 2703 N PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084	Mailing Address P. O BOX 1507 ST. AUGUSTINE, FL 32085-1507
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94031549



02222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2261021	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NOFAL NOFAL, CHARLES 2703 PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NOFAL, CHARLES E 2703 PONCE DE LEON BLVD ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOFAL, CAROLYN 2703 PONCE DE LEON BLVD ST. AUGUSTINE, FL
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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)(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: <i>Charles E. Nofal</i> CHARLES E. NOFAL	3/5/04	904-651-5947
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>