## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 28, 2005 08:00 AM DOCUMENT # H18451 **Secretary of State** 1. Entity Name NOCO INVESTMENTS, INC. Māiling Address Principal Place of Business 400 N NEW YORK AVENUE 400 N NEW YORK AVENUE SUITE 103 WINTER PARK FL 32789 SUITE 103 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 59-2465131 Not Applicable Country \$8.75 Additional Zip Country Ζ'n 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OGILVIE, CHARLES H., JR. Street Address (P.O. Box Number is Not Acceptable) 400 N NEW YORK AVENUE SUITE 103 WINTER PARK FL 32789 Zíp Code 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, typod or printed name of registered agent and life if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, Change Addition ☐ Delete TITLE HUE OGILVIE, NONIE (IONE) NAME U00000338612 STREET ADDRESS 400 N NEW YORK AVENUE SUITE 103 STREET ADDRESS 04/28/05-80044-004 150.08 WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete THILE OGILVIE, CHARLES NAME NAME 400 N NEW YORK AVENUE SUITE 103 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST- 7/P CITY - ST - ZIP Change Addition THTLE ☐ Delete TITLE NAME MAME MAY, RANDALL L STREET ADDRESS STREET ADDRESS 400 N. NEW YORK AVE STE 103 CHY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Addition Change TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP Addition Change Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-78 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 either like empowered.