

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90045 015 \*\*\*158.75

**DOCUMENT # J38675**

1. Entity Name

NOMEN DEFERRE LIMITED, INC.



Principal Place of Business

1520 S HWY 17-92  
LONGWOOD FL 32750  
US

Mailing Address

1015 SEMORAN BLVD.  
#1140  
CASSELBERRY FL 32707  
US

2. Principal Place of Business

3. Mailing Address

1520 S. Hwy 17-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Longwood FL

Zip

Country

Zip

Country

32750

USA

4. FEI Number

59-2754121

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KYKER, JAMES J.  
2646 ADELE PL  
LAKE MARY FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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

*James J. Kyker*

President

2-12-04

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME KYKER, JAMES J.  
STREET ADDRESS 1015 SEMORAN BLVD. #1140  
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME KYKER, JAMES J  
STREET ADDRESS 1015 SEMORAN BLVD. #1140  
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME KYKER, JAMES J  
STREET ADDRESS 1015 SEMORAN BLVD #1140  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*James J. Kyker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-04

Date

407-332-0545

Daytime Phone #