

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90236 015 ***150.00

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DOCUMENT # L07343

1. Entity Name
NOMAC CORP.



Principal Place of Business
1209 AIRPORT RD., STE 5
DESTIN, FL 32541

Mailing Address
~~1209 AIRPORT RD., STE 5~~
~~DESTIN, FL 32541~~

2. Principal Place of Business

1219-A MIRACLE STRIP PKWY. EAST
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

03312004 Chg-P CR2E034 (10/03)

City & State

FL WALTON BEACH, FL

City & State

SAME

4. FEI Number

59-3175987

Applied For

Not Applicable

Zip

32548

Country

OKA005A

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK, JERRY
1209 AIRPORT RD., STE 5
DESTIN, FL 32541

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCCORMICK, JERRY
STREET ADDRESS 1209 AIRPORT RD., STE 5
CITY-ST-ZIP DESTIN, FL 32541

☐ Delete

TITLE VPS
NAME MCCORMICK, JANET
STREET ADDRESS 1209 AIRPORT RD., STE 5
CITY-ST-ZIP DESTIN, FL 32541

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Jerry McCormick 4-6-04 850-864-2280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #