

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002805

FILED
Apr 04, 2004
Secretary of State

Entity Name: NOVEL PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

356 BOYNTON BAY CIRCLE
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

356 BOYNTON BAY CIR
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 65-0751852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BESS, INTISAR S
356 BOYNTON BAY CIRCLE
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BESS, INTISAR S
Address: 356 BOYNTON BAY CIR
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DS () Delete
Name: TONEY, CYRUS H
Address: 401 EXECUTIVE CENTER DR, STE C-208
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DT () Delete
Name: BESS, ALVIN L
Address: 356 BOYNTON BAY CIR
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DC () Delete
Name: MILLS, CARDINAL
Address: P O BOX 221583
City-St-Zip: HOLLYWOOD, FL 33022

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INTISAR S BESS

DP

04/04/2004

Electronic Signature of Signing Officer or Director

Date