

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90030 039 ***150.00

DOCUMENT # P00000000780 1. Entity Name JOSEPH K. NOFIL, P.A.	
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Principal Place of Business 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319	Mailing Address 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319
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DO NOT WRITE IN THIS SPACE

40097962



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0970639	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOFIL, JOSEPH K 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Dup by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD NOFIL, JOSEPH K 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **7/5/06** **959-484-5533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #