



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90554 007 ***150.00

DOCUMENT # P00000096884					
1. Entity Name JIM NOBLES & ASSOCIATES, INC.					
Principal Place of Business 800 TARPON WOODS BLVD, SUITE F-1 PALM HARBOR, FL 34685			Mailing Address 800 TARPON WOODS BLVD, SUITE F-1 PALM HARBOR, FL 34685		
2. Principal Place of Business 1 SILVER PLACE Suite, Apt. #, etc.		3. Mailing Address 1 SILVER PLACE Suite, Apt. #, etc.		20035794 	
City & State BLACK MOUNTAIN NC Zip 28711 Country USA		City & State BLACK MOUNTAIN NC Zip 28711 Country USA		4. FEI Number 59-3677723	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NOBLES, JAMES M 800 TARPON WOODS BLVD, SUITE F-1 PALM HARBOR, FL 34685			7. Name and Address of New Registered Agent Name ALTON K. CATES, JR., CPA, P.A. Street Address (P.O. Box Number is Not Acceptable) 13200 McCORMICK DRIVE City TAMPA FL Zip Code 33626		
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 <u>Alton K. Cates Jr.</u> ALTON K. CATES JR. 3/24/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME NOBLES, JAMES M STREET ADDRESS 800 TARPON WOODS BLVD, SUITE F-1 CITY-ST-ZIP PALM HARBOR, FL 34685	<input type="checkbox"/> Delete		TITLE PD NAME NOBLES, JAMES M STREET ADDRESS 1 SILVER PLACE CITY-ST-ZIP BLACK MOUNTAIN NC 28711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>James M Nobles</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/15/05 727-709-5378 <small>Date Daytime Phone #</small>		