2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004
Secretary of State

DOCUMENT# P01000043661

Entity Name: NOTEN ENTERPRISES, INC.

Current Principal Place of Business:

1221 BRUCE B DOWNS
WESLEY CHAPEL, FL 33543 US

New Principal Place of Business:

Current Mailing Address:

1221 BRUCE B DOWNS
WESLEY CHAPEL, FL 33543 US

New Mailing Address:

FEI Number: 01-0703925 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THORNE, JAMIE
28224 BROKENMEAD PATH
WESLEY CHAPEL, FL 33543

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MUZIK, SHARON L
Address: 18406 LIVINGSTON AVE.
City-St-Zip: LUTZ, FL 33549

Title: VD ( ) Delete
Name: THORNE, JAIME M
Address: 28224 BROKENMEAD PATH
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: V (X) Delete
Name: THORNE, ZACHARY
Address: 28224 BROKENMEAD PATH
City-St-Zip: BROKENMEAD, FL 33543

Title: S (X) Delete
Name: LOTRE, PATRICIA
Address: 18406 LIVINGSTON AVE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: THORNE, JAIME M
Address: 28224 BROKENMEAD PATH
City-St-Zip: WESLEY CHAPEL, FL 33543

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

SIGNATURE: JAMIE M THORNE VP 09/22/2004

Electronic Signature of Signing Officer or Director Date