

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90006 030 ***150.00

DOCUMENT # P01000054103

1. Entity Name
NOBILE CONSULTING, INC.



Principal Place of Business: **141 CAPE POINT CIRCLE JUPITER, FL 33477**

Mailing Address: **141 CAPE POINT CIRCLE JUPITER, FL 33477**

54066021



2. Principal Place of Business: **888 COLORADO AVE.**

3. Mailing Address: **888 COLORADO AVE.**

Suite, Apt. #, etc.

07282004 Chg-P CR2E034 (10/03)

City & State: **STUART, FLORIDA**

City & State: **STUART, FLORIDA**

Zip: **34994** Country: **USA**

4. FEI Number: **65-1109279**

Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NOBILE, DOMINGOS
141 CAPE POINT CIRCLE
JUPITER, FL 33477

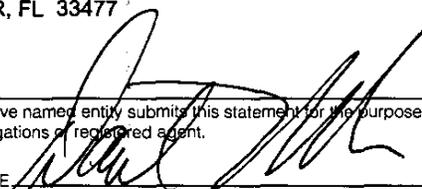
7. Name and Address of New Registered Agent

Name: **Daniel Nobile**

Street Address (P.O. Box Number is Not Acceptable): **888 COLORADO AVE.**

City: **STUART** State: **FL** Zip Code: **34994**

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:  DATE: **7/28/04**

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

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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.

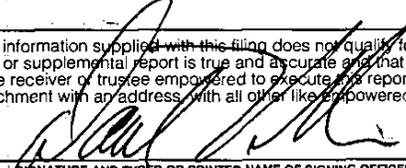
10. OFFICERS AND DIRECTORS

TITLE	DPTS	<input checked="" type="checkbox"/> Delete
NAME	NOBILE, DOMINGOS	
STREET ADDRESS	141 CAPE POINT CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nobile, Daniel	
STREET ADDRESS	888 COLORADO AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE: **7/28/04**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #