


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90453 037 ***150.00

DOCUMENT # P01000054977	
1. Entity Name PAUL NOVAK ENTERPRISES, INC.	

Principal Place of Business 6770 MARNA LANE N FT MYERS, FL 33917	Mailing Address 6770 MARNA LANE N FT MYERS, FL 33917
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2. Principal Place of Business - No P.O. Box # 1337 Johnson Road	3. Mailing Address 1337 Johnson Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State N Ft Myers, FL	City & State N. Ft Myers FL
Zip 33917	Zip 33917
Country Lee	Country Lee

4. FEI Number 65-0544270	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOVAK, PAUL A 6770 MARNA LANE N FT MYERS, FL 33917	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1337 Johnson Road City N. Ft. Myers FL Zip Code 33917
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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 Paul A. Novak <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 4-23-07 <small>(NOTE: Registered Agent signature required when reconstituting)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOVAK, PAUL A 6770 MARNA LANE NORTH FORT MYERS, FL 33917 <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	S NOVAK, PAUL A JR 6770 MARNA LANE NORTH FORT MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Paul A. Novak <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4-23-07 PROB. <small>Date</small>

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