

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90051 013 ***158.75

DOCUMENT # P01000085462

1. Entity Name

NOCOM ENTERPRISES, INC.



Principal Place of Business

6625-3 ARGYLE FOREST BLVD
JACKSONVILLE FL 32244

Mailing Address

6625-3 ARGYLE FOREST BLVD
JACKSONVILLE FL 32244

2. Principal Place of Business

JACKSONVILLE, FL

3. Mailing Address

6625-3 ARGYLE FOREST BLVD

Suite, Apt. #, etc.

6625-3 ARGYLE FOREST BLVD

Suite, Apt. #, etc.

6625-3 ARGYLE FOREST BLVD

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FL

Zip

32244

Country

DUVAL

Zip

32244

Country

DUVAL

6. Name and Address of Current Registered Agent

NOCOM, BIENVENIDO
7915 MACINNES DR
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NOCOM, BIENVENIDO I	
STREET ADDRESS	7915 MACINNES DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOCOM, JORGE T	
STREET ADDRESS	7915 MACINNES DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOCOM, JOEL	
STREET ADDRESS	639 SW 3RD ST	
CITY-ST-ZIP	SEATTLE WA 98166	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NOCOM, JO ANN	
STREET ADDRESS	639 SW 143RD ST	
CITY-ST-ZIP	SEATTLE WA 98166	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOCOM, JOSEPH	
STREET ADDRESS	639 SW 143RD RD	
CITY-ST-ZIP	SEATTLE WA 98166	
TITLE	D	<input type="checkbox"/> Delete
NAME	REONISTO, JENNY	
STREET ADDRESS	17 NORTH RD	
CITY-ST-ZIP	CUBAD PR	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOVER T. NOCOM	
STREET ADDRESS	MANAMA	
CITY-ST-ZIP	BAHRAIN	
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		
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:

BIENVENIDO NOCOM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 778-1002