

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P02000025987

1. Entity Name

NONABAGS, INC.



**FILED  
May 03, 2004 8:00 am  
Secretary of State**

05-03-2004 90691 018 \*\*\*150.00



MOORE CR2E034 (11/03)

Principal Place of Business 620 S.W. 4TH TERRACE CAPE CORAL FL 33991	Mailing Address 620 S.W. 4TH TERRACE CAPE CORAL FL 33991
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2. Principal Place of Business Name Suite, Apt. #, etc.	3. Mailing Address 120 SW 4TH TR Suite, Apt. #, etc.
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City & State Cape Coral, FL Zip 33991	City & State Zip 33991	Country USA
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6. Name and Address of Current Registered Agent TROGDON, NONA 620 S.W. 4TH TERRACE CAPE CORAL FL 33991	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL
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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

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, 2004 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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROGDON, NONA 620 S.W. 4TH TERRACE CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04

239

459-0348

Date

Daytime Phone #