

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041042

Entity Name: NOVENA, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

616 E LAUREL POINT DR  
LAKELAND, FL 33813

## New Principal Place of Business:

## Current Mailing Address:

616 E LAUREL POINT DR  
LAKELAND, FL 33813

## New Mailing Address:

FEI Number: 04-3646152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARSHALL, GARY LEE  
616 EAST LAUREL POINTE DR  
LAKELAND, FL 33813 US

## 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: CEO ( ) Delete  
Name: MARSHALL, HENRY W JR  
Address: 252 SUNLIT COVE DR NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: CFOV ( ) Delete  
Name: MARSHALL, GARRY L  
Address: 616 EAST LAUREL POINTE DR  
City-St-Zip: LAKELAND, FL 33813

Title: V ( ) Delete  
Name: EDUARDO, GOGEL  
Address: 60 ENCLAUDE DR  
City-St-Zip: WINTER HAVEN, FL 33884

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GARRY L. MARSHALL

CFOV

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date