## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2004 08:00 AM Secretary of State **DOCUMENT # P02000093551** 1. Entity Name NOLAN, INC. Mailing Address Principal Place of Business 2619 ALBION ST 2619 ALBION ST HOLIDAY, FL 34691 HOLIDAY, FL 34691 US %F,.,,,5/11-F& 03022004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3649379 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOLAN, RICK DO NOT WRITE 2619 ALBION ST HOLIDAY, FL 34691 IN THIS SPACE 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME NOLAN, RICK 000000126067 STREET ADDRESS 2619 ALBION ST 04/23/04-80019-022 150.00 CITY-ST-7IP HOLIDAY, FL 34691 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IIILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CMY-ST-ZIP TIBE

12. I hereby certify that the information supplied with this filling 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 oddress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR CHRECTOR

805-4710

**FILED**