

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90233 041 ***150.00

DOCUMENT # P02000093551 1. Entity Name NOLAN, INC.			
Principal Place of Business 2619 ALBION ST HOLIDAY, FL 34691 US		Mailing Address 2619 ALBION ST HOLIDAY, FL 34691 US	
2. Principal Place of Business Suite, Apt. #, etc. 1603 COBBLE CT. City & State PAIM HARBOR FL. Zip 34683 Country Pineellas		3. Mailing Address Suite, Apt. #, etc. 1603 COBBLE CT. City & State PAIM HARBOR FL. Zip 34683 Country Pineellas	
4. FEI Number 11-3649379		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOLAN, RICK 2619 ALBION ST HOLIDAY, FL 34691		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NOLAN, RICK 2619 ALBION ST HOLIDAY, FL 34691 <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: <u><i>Rick Nolan</i></u> RICK NOLAN President		Date <u>4-19-05</u> Daytime Phone # <u>727.808.4710</u>	