


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90070 006 \*\*\*150.00

<b>DOCUMENT # P03000037232</b>					
<b>1. Entity Name</b> NOAH ENTERPRISES, INC.					
<b>Principal Place of Business</b> 1100 STATE ROAD 206 EAST ST. AUGUSTINE, FL 32086			<b>Mailing Address</b> 1100 STATE ROAD 206 EAST ST. AUGUSTINE, FL 32086		
<b>2. Principal Place of Business</b> 1050 ST RD 206 EAST Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1050 ST RD 206 EAST Suite, Apt. #, etc.			
<b>City &amp; State</b> ST AUGUSTINE		<b>City &amp; State</b> FLORIDA		<b>4. FEI Number</b> 20-0010546	
<b>Zip</b> 32086		<b>Country</b> ST JOHNS		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DAVENPORT, GARY B ESQ. 4 OLD KINGS ROAD NORTH SUITE B PALM COAST, FL 32137			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D PAUCEK, EDWARD 1100 STATE ROAD 206 EAST ST. AUGUSTINE, FL 32086		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____			EDWARD PAUCEK		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-12-04 888-400-7352		
Date			Daytime Phone #		