

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-03-2005 90060 038 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P03000125240																																															
1. Entity Name NOLAN.SEGARS-INC.																																															
Principal Place of Business 2440 CHEROKEE ROAD ST. CLOUD FL 34772 US			Mailing Address 2440 CHEROKEE ROAD ST. CLOUD FL 34772 US																																												
2. Principal Place of Business Nolan Segars Inc			3. Mailing Address 244 Cherokee Rd																																												
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																												
City, State St Cloud FL		City, State FL		4. FEI Number 200360962																																											
Zip 34772		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent SEGARS, NOLAN 2440 CHEROKEE ROAD ST. CLOUD FL 34772				7. Name and Address of New Registered Agent																																											
				Name																																											
				Street Address (P.O. Box Number is Not Acceptable)																																											
				City FL Zip Code																																											
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: <i>Nolan Segars</i> (NOTE: Registered Agent signature required when re-registering) DATE: _____																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">10. OFFICERS AND DIRECTORS</th> <th colspan="3">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td>DPS SEGARS, NOLAN 2440 CHEROKEE ROAD ST. CLOUD FL 34772</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td colspan="2"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td>VP, T SEGARS, NOLAN 2440 CHEROKEE ROAD ST. CLOUD FL 34772</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td colspan="2"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td colspan="2"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td colspan="2"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td colspan="2"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td colspan="2"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPS SEGARS, NOLAN 2440 CHEROKEE ROAD ST. CLOUD FL 34772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP, T SEGARS, NOLAN 2440 CHEROKEE ROAD ST. CLOUD FL 34772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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		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		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		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: <i>Nolan Segars</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																															