


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90157 027 ***150.00

DOCUMENT # P03000129882

1. Entity Name
ART NOYES DOORS AND TRIM, INC.



Principal Place of Business
**P.O. BOX 1073
 INVERNESS, FL 34451 US**

Mailing Address
**P.O. BOX 1073
 INVERNESS, FL 34451 US**

40030174



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03092005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
02-0712037

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1204 HAYS STREET
 FALLAHASSEE, FL 32901**

7. Name and Address of New Registered Agent
 Name **Gloria's Tax Service**
 Street Address (P.O. Box Number is Not Acceptable) **8818 E. Devonshire Rd**
 City **INVERNESS** FL Zip Code **34450**

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 **Gloria Roberts** *Gloria Roberts* DATE **4-11-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NOYES, ARTHUR J	
STREET ADDRESS	1640 SKYLARK TERRACE	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CISCO, RANDY D	
STREET ADDRESS	9410 E. SOUTHGATE DRIVE	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* DATE **4/12/05** (352) 341 0353
Signature and typed or printed name of signing officer or director Daytime Phone #