

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90097 035 ***158.75

DOCUMENT # P03000131729 1. Entity Name NOBLE SALES & MARKETING, INC.					
Principal Place of Business 3524 MANITOU DRIVE ORLANDO, FL 32839 US			Mailing Address 3524 MANITOU DRIVE ORLANDO, FL 32839 US		
2. Principal Place of Business 4437 FORELAND PLACE Suite, Apt. #, etc.		3. Mailing Address 4437 FORELAND PLACE Suite, Apt. #, etc.			
City & State ORLANDO		City & State ORLANDO		4. FEI Number 65-1209807	
Zip 32812		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOBLE, ROBERT L 3524 MANITOU DRIVE ORLANDO, FL 32839				7. Name and Address of New Registered Agent Name ROBERT L. NOBLE Street Address (P.O. Box Number is Not Acceptable) 4437 FORELAND PLACE City ORLANDO FL Zip Code 32812	
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 <u><i>Robert L. Noble, President</i></u> DATE <u><i>March 2, 2005</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	P NOBLE, ROBERT L 3524 MANITOU DRIVE ORLANDO, FL 32839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4437 FORELAND PLACE ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOBLE, MARIE A 3524 MANITOU DRIVE ORLANDO, FL 32839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4437 FORELAND PLACE ORLANDO, FL 32812	
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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	
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>Robert L. Noble, ROBERT L. NOBLE</i></u> <u><i>3/2/05</i></u> <u><i>321-377-1909</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					