

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000101346

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** MD NOBLES & ASSOCIATES, INC.

**Current Principal Place of Business:**

12276 SAN JOSE BLVD.  
SUITE 309C  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

12276 SAN JOSE BLVD.  
SUITE 309C  
JACKSONVILLE, FL 32223

**New Mailing Address:**

12526 BRIARMEAD LANE  
JACKSONVILLE, FL 32258

**FEI Number:** 20-1368109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

T. GEOFFREY HEekin  
ONE INDEPENDENT DRIVE  
SUITE 2200  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NOBLES, MICHAEL D  
Address: 12276 SAN JOSE BLVD. #309C  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL D NOBLES

PRES

03/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date