

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000103814

1. Entity Name  
NMY CORP.



Principal Place of Business  
7002 DRURY STREET  
TAMPA, FL 33635

Mailing Address  
7002 DRURY STREET  
TAMPA, FL 33635



02062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
55-0875330

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NOLLEY, MARVIN  
7002 DRURY STREET  
TAMPA, FL 33635

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	NOLLEY, MARVIN
STREET ADDRESS	7002 DRURY STREET
CITY-STATE-ZIP	TAMPA, FL 33635
TITLE	VD
NAME	YEPES, OMAR
STREET ADDRESS	4506 N. LINCOLN AVE.
CITY-STATE-ZIP	TAMPA, FL 33614
TITLE	STD
NAME	MCFARLANE, JOHN
STREET ADDRESS	6326 NEWTOWN CIRCLE #A5
CITY-STATE-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/22/08-80023-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 persons empowered.

SIGNATURE:

*Marvin Nolley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/08

8133910237  
Daytime Phone #