

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90005 042 ***550.00

DOCUMENT # P04000162344



1. Entity Name
NOLE GLASS INC.

Principal Place of Business
**3208 E. COLONIAL DRIVE # 167
ORLANDO FL 32807**

Mailing Address
**3208 E. COLONIAL DRIVE # 167
ORLANDO FL 32807**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

City & State

4. FEI Number **20-1989227**

Applied For
Not Applicable

Zip **32803**

County **ORANGE**

Zip **32803**

County **ORANGE**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOLE, GERALD R JR.
3208 E. COLONIAL DRIVE # 167
ORLANDO FL 32807**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-22-06

**FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006**

Make Check Payable to Florida Department of State

S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **NOLE, GERALD R JR.**
STREET ADDRESS **3208 E. COLONIAL DRIVE # 167**
CITY - ST - ZIP **ORLANDO FL 32807**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-06

Date

Daytime Phone #