



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90009 045 ***150.00

DOCUMENT # P05000141533 1. Entity Name NOVA SALES, INC.					
Principal Place of Business 20751 NORTH EAST 30TH STREET WILLISTON, FL 32696			Mailing Address 20751 NORTH EAST 30TH STREET WILLISTON, FL 32696		
2. Principal Place of Business 20751 NE 30th Street <small>Suite, Apt. #, etc.</small>		3. Mailing Address 20751 N.E. 30th Street <small>Suite, Apt. #, etc.</small>			
City & State Williston, FL		City & State Williston, FL		4. FEI Number 59-3821793	
Zip 32696		Country Levy		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARSON, ROBERT 20751 NORTH EAST 30TH STREET WILLISTON, FL 32696				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D CARSON, ROBERT 20751 NORTH EAST 30TH STREET WILLISTON, FL 32696 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Robert Carson <i>Robert Carson</i> Jan 8 2006 352-528-0749 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					