

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000132006

1. Entity Name
NOBLEJAZZ, INC.



Principal Place of Business
115 GLENHAVEN TERRACE
TALLAHASSEE, FL 32312

Mailing Address
115 GLENHAVEN TERRACE
TALLAHASSEE, FL 32312

FILED
08 SEP 22 PM 1:29
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09102008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
26-1641950

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HOPKINS, SHELBY
115 GLENHAVEN TERRACE
TALLAHASSEE, FL 32312

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

SHELBY HOPKINS

(NOTE: Registered Agent signature required when reinstating)

8/15/08

FILE NOW!!! FEES \$150.00
Due by September 12, 2008
26, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HOPKINS, SHELBY ☐ Delete
STREET ADDRESS 115 GLENHAVEN TERRACE
CITY-ST-ZIP TALLAHASSEE, FL 32312

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

TITLE D
NAME VANDERLAN, WESLEY B ☐ Delete
STREET ADDRESS 4282 ST. TERESA AVENUE
CITY-ST-ZIP SOPCHOPPY, FL 32358

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

TITLE S
NAME HOPKINS, SHELBY ☐ Delete
STREET ADDRESS 115 GLENHAVEN TERRACE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SHELBY HOPKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/08

Date

734-812-5639

Daytime Phone #