


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000001208

1. Entity Name
NOEL ENTERPRISES, INC.



Principal Place of Business Mailing Address

**1315 WEST FIRST STREET
SANFORD FL 32771** **PO BOX 1176
SANFORD FL 32772-1176**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For / Not Applicable

59-3159019 /

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

6. Name and Address of Current Registered Agent

**NOEL, JOHN C III
1315 W FIRST ST
SANFORD FL 32771**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME Delete

DCP **NOEL, JOHN C III**

STREET ADDRESS **1315 W FIRST ST**

CITY-ST-ZIP **SANFORD FL 32771**

TITLE NAME Delete

VST **BUTLER, ISSOLA D**

STREET ADDRESS **1315 W FIRST ST**

CITY-ST-ZIP **SANFORD FL 32771**

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Change Add

U00000456556 Change Add

03/16/06-80034-007 150.00

TITLE NAME Change Add

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Change Add

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Change Add

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Change Add

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John C Noel III* **John C Noel III** 3-4-06 407-323-9688