

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000053466

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: STEVE NOYES ENTERPRISES, INC.

## Current Principal Place of Business:

6273 WHISPERING OAKS DR. N  
JACKSONVILLE, FL 32277 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 351318  
JACKSONVILLE, FL 322351318 US

## New Mailing Address:

FEI Number: 59-3194627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOYES, CYNTHIA A  
6273 WHISPERING OAKS DR. N.  
JACKSONVILLE, FL 32277 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NOYES, STEVEN A  
Address: 6273 WHISPERING OAKS DR. N.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: V ( ) Delete  
Name: JORDAN-NOYES, CYNTHIA A  
Address: 6273 WHISPERING OAKS DR.N.  
City-St-Zip: JACKSONVILLE, FL 32277

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP,S (X) Change ( ) Addition  
Name: JORDAN-NOYES, CYNTHIA A  
Address: 6273 WHISPERING OAKS DR.N.  
City-St-Zip: JACKSONVILLE, FL 32277

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA A. NOYES

VP,S

04/27/2009

Electronic Signature of Signing Officer or Director

Date