## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 10, 2005 8:00 am Secretary of State

DOCUMENT # P95000072485  1. Entity Name NOVAK & COMPANY, INC.				01-10-2005 90014 008 ***150.00	
Principal Place of Business Malling Address  23356 MIRABELLA CIRCLE SOUTH 23356 MIRABELLA CR. S BOCA RATON, FL 33433 US BOCA RATON, FL 33433					
2. Principal P	Tace of Business Vinings Mill TRail	3. Mailing Address 4055 Vining Suite, Apt. #, etc.	gs Mill		
City & Stat	MYRNA Georgia	City & State SmyRNa	Georgi		
Zip 300	80- Cobb	<sup>Zip</sup> 30086	Country Cobb	<b>\$8.75</b> Additional Fee Required	
	6. Name and Address of Current R			7. Name and Address of New Registered Agent	
GIBBONS TUCKER MILLER WHATLEY & STEIN PA					
101 E KENNEDY BLVD SUITE 1000 TAMPA, FL 33602			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 title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00					
10	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVAKOSKI, DAVID 23356 MIRABELLA CIRCLE S BOCA RATON, FL 33433	Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	Change Addition  4055 Vinings Mill Trail  SmyrNa, GA 30080	
TITLE	D	☐ Detete	TITLE	Change ☐ Addition	
NAME STREET ADDRESS	NOVAKOSKI, JANE 23356 MIRABELLA CIRCLE S		NAME STREET ADDRESS	4055 Vinings MILL TRAIL SmyRNA, GA 30080	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	SmyRNa, GA 30080	
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NAME STREET ADDRESS			NAME STREET ADDRESS		
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NAME"			NAME		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 ke empowered.