


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90077 009 ***150.00

DOCUMENT # 1. Entity Name <i>Robert M. Noles Studio Inc</i> <i>Michael Noles Studio Inc</i> <i>D95000080810</i>	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1616 Hoffner Ave</i> Suite, Apt. #, etc.	3. Mailing Address <i>SAME</i> Suite, Apt. #, etc.
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40105050

CR2E034B (8/05)

City & State <i>Orlando FL</i>	City & State
Zip <i>32809</i>	Country <i>ORANGE</i>

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>ROXANNE FAYE NOLES</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1616 Hoffner Ave</i>	
City <i>Orlando</i>	FL Zip Code <i>32809</i>

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 *Roxanne Faye Noles* DATE *April 30/07*
(Signature, typed or printed name of registered agent and type applicable. (NOTE: Registered Agent signature required when reinstating))

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President: Robert M Noles</i> <i>1616 Hoffner Ave</i> <i>Orlando FL 32809</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P. Roxanne Faye Noles</i> <i>1616 Hoffner Ave</i> <i>Orlando FL 32809</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Roxanne Faye Noles* DATE *April 30/07* 407-855-6964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40105150
05000080816

MICHAEL NOLES STUDIO INC
1616 HOFFNER AVE
ORLANDO FL 32809

Hello:

Thank-you for the form
but.. it did not arrive
before the May 1st date.
We have had this problem
before & I requested &
thought it was noted that
we be sent a paper
annual Report as we do
not have a computer for
the art studio. I have en-
closed a check for \$150.00
I hope that is alright...

Respectfully,
Royanne F. Nolas

Request taken by: rawoodall
04-20-2007

/arrived 5/1/07

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314