

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90015 014 ***150.00

DOCUMENT # P96000053102

1. Entity Name
NOBLE-KIDD CORPORATION



Principal Place of Business
**4100 ENCHANTED OAKS CIRCLE
KISSIMMEE, FL 34741**

Mailing Address
**1850 ROYAL LN
STE 103
DALLAS, TX 75229 US**

2. Principal Place of Business
1714 Golfview Dr
Suite, Apt. #, etc.

3. Mailing Address
1805 Royal Ln
Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)



City & State
Kissimmee, FL
Zip
34746
Country
USA

City & State
Zip
Country

4. FEI Number
59-3384849
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SULLIVAN, MICHAEL J
111 NORTH ORANGE AVENUE #2050
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name
Tim Hawley
Street Address (P.O. Box Number is Not Acceptable)
1714 Golfview Dr
City
Kissimmee FL Zip Code
34746

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 *Tim Hawley*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLE, R E 10610 METRIC DRIVE #190 DALLAS, TX 75243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1805 Royal Ln, Suite 103 Dallas, TX 75229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIDD, ANDREW E 4100 ENCHANTED OAKS CIRCLE KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1805 Royal Ln, Suite 103 Dallas, TX 75229
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R Edward Noble* **REDWARD NOBLE** *1/30/04* *972-444-9300*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #