

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000009909

Entity Name: NOSH-A-RYE #1, INC.

FILED
Apr 05, 2005
Secretary of State

Current Principal Place of Business:

23 AVENUE OF THE FLOWERS
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

23 AVENUE OF THE FLOWERS
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 65-0727738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWMAN, BARBARA A
911 65TH STREET WEST
BRADENTON, FL 34209 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: BOWMAN, BARBARA
Address: 911 65TH STREET NORTH WEST
City-St-Zip: BRADENTON, FL 34209

Title: V () Delete
Name: BOWMAN, PAUL W
Address: 911 65TH STREET NORTH WEST
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: BOWMAN, PAUL W
Address: 911 65TH STREET NORTH WEST
City-St-Zip: BRADENTON, FL 34209

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA A BOWMAN

P

04/05/2005

Electronic Signature of Signing Officer or Director

Date