

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90088 023 \*\*\*150.00



**DOCUMENT # P97000039833**  
 1. Entity Name  
**NOLYN PROPERTIES, INC.**

Principal Place of Business  
**602 FAYETTE DR SOUTH SAFETY HARBOR FL 34695 US**

Mailing Address  
**NOLYN PROPERTIES INC 602 FAYETTE DR S SAFETY HARBOR FL 34695 US**

2. Principal Place of Business  
*6629 OStean Rd*

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
*New Port Richey Florida*

City & State  
 Zip Country

1st MOORE CR2E034 (10/04)

4. FEI Number **59-3451185** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**JONES, LINDA D 602 FAYETTE DR S SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent  
 Name  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**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	P	<input type="checkbox"/> Delete
NAME	JONES, II L NOEL	
STREET ADDRESS	602 FAYETTE DR S	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JONES, LINDA D	
STREET ADDRESS	602 FAYETTE DR S	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	Brent Jones	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brent C. Jones	
STREET ADDRESS	2109 Shelbourne Ct.	
CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *L. Noel Jones II* **L. Noel Jones II** *Feb 22, 2005* **Feb 22, 2005** *727-848-3200* **727-848-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #