


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000039833**

1. Entity Name  
**NOLYN PROPERTIES, INC.**



Principal Place of Business <b>6628 OSTEEN RD          SAFETY HARBOR, FL 34695 US</b>	Mailing Address <b>NOLYN PROPERTIES INC          602 FAYETTE DR S          SAFETY HARBOR, FL 34695 US</b>
--	--



03142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3451185</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

8. Name and Address of Current Registered Agent

**JONES, LINDA D  
 602 FAYETTE DR S  
 SAFETY HARBOR, FL 34695**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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	<b>P JONES, II L NOEL 602 FAYETTE DR S SAFETY HARBOR, FL 34695</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST JONES, LINDA D 602 FAYETTE DR S SAFETY HARBOR, FL 34695</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JONES, BRENT C 2109 SHELBOURNE CT WESLEY CHAPEL, FL 33543</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000677897  
 04/02/07-80011-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** Mar 14, 2007 727-848-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #