


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90035 030 ***158.75

DOCUMENT # P97000075088	
1. Entity Name NOVALINE CONSTRUCTION CORPORATION	

Principal Place of Business 14506A UNIVERSITY POINT PLACE SUITE 100 TAMPA, FL 33613 US	Mailing Address 14506A UNIVERSITY POINT PLACE SUITE 100 TAMPA, FL 33613 US
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24032621

2. Principal Place of Business 1811 MAIN STREET Suite, Apt. #, etc.	3. Mailing Address 1811 MAIN STREET Suite, Apt. #, etc.
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03122004 Chg-P CR2E034 (10/03)

City & State VALRICO, FL	City & State VALRICO, FL	4. FEI Number 65-0777383	Applied For <input type="checkbox"/> Not Applicable
Zip 33594	Country USA	Zip 33594	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OWHADI, MICHAEL 14506A UNIVERSITY POINT PLACE SUITE 100 TAMPA, FL 33613 1811 MAIN STREET VALRICO, FL 33594	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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  **MICHAEL OWHADI - PRESIDENT** **01 MAR 04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OWHADI, MICHAEL 14506A UNIVERSITY POINT PLACE TAMPA, FL 33613 1811 MAIN ST VALRICO, FL 33594 <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
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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

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:  **MICHAEL OWHADI - PRES** **01 MAR 04** **571-0232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #