

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000039581

1. Entity Name
NOLEN'S CONSTRUCTION, INC.



Principal Place of Business
**1330 W. INDUSTRIAL AVE. #108
BOYNTON BEACH, FL 33426**

Mailing Address
**1035 CORAL DRIVE
BOYNTON BEACH, FL 33426**

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0919184

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SZCZEPKOWSKI, DORIS
3701 N. COUNTRY CLUB DRIVE, SUITE 1609
AVENTURA, FL 33180**

**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

[Signature]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/15/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**P
NOLEN, WILLIAM S
1035 CORAL DRIVE
BOYNTON BEACH, FL 33426**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
NOLEN, ANNE M
1035 CORAL DRIVE
BOYNTON BEACH, FL 33426**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
NOLEN, WILLIAM S
1035 CORAL DRIVE
BOYNTON BEACH, FL 33426**

TITLE
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TITLE
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CITY-ST-ZIP

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01/22/08-80027-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM S NOLEN JR

Date

1/15/08

Daytime Phone #

5617396014