

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

150.00
8/15
FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000076842

1. Entity Name
NOLAN'S BUILDING DEVELOPERS GROUP, INC.



Principal Place of Business
**1891 NW 33RD COURT
POMPANO BEACH, FL 33064**

Mailing Address
**1891 NW 33RD COURT
POMPANO BEACH, FL 33064**



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0945800

Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NOLAN, BONNIE
1891 NW 33RD COURT
POMPANO BEACH, FL 33064**

**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, 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, 2005 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
NOLAN, JOHN F
1891 NW 33RD COURT
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
NOLAN, BONNIE
1891 NW 33RD COURT
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
NOLAN, WILLIAM P
1891 NW 33RD COURT
POMPANO BEACH, FL 33064**

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**

U000000272316

03/21/05-80086-015 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Bonnie Nolan Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-05 954971-4800

Date

Daytime Phone #