

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
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



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0945800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000845519
03/14/08-80001-003 158.75

10. OFFICERS AND DIRECTORS

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

**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 like empowered.

SIGNATURE: Bonnie Nolan Bonnie Nolan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08

Date

954 971 4800

Daytime Phone #