

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000076853**

1. Entity Name  
NOLAN'S MANAGEMENT & 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)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0945801

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$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, 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	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	VP
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	

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IN THIS SPACE**

UNFILED 02/18/05  
03/21/05-80064-009 158.75

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

3/17/05 854 971-4800

Date

Daytime Phone #