

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000106947

1. Entity Name
 NOMA, INC.



Principal Place of Business 211 E INTERNATIONAL SPEEDWAY BLVD. SUITE 213 DAYTONA BEACH, FL 32118	Mailing Address 211 E INTERNATIONAL SPEEDWAY BLVD. SUITE 213 DAYTONA BEACH, FL 32118
---	---

DO NOT WRITE IN THIS SPACE



02112004 No Chg-F CR2E034 (10/03)

4. FEI Number 59-3660690	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

AMON, URSULA
 211 E. INT'L SPEEDWAY BLVD
 213
 DAYTONA BEACH, FL 32118

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: *Ursula Amon* Ursula Amon 2/25/04

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. **\$5.00** May Be Added to Fees

~~000000073977~~
~~03/10/04-80022-016 150.00~~

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AMON, URSULA 4205 S ATLANTIC AVE DAYTONA BEACH, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AMON, FELIX 4205 S ATLANTIC AVE DAYTONA BEACH, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000083020
 03/10/04-80022-016 150.00

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: *Ursula Amon* Ursula Amon 2/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #