

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90115 007 ***150.00

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

50049694



03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3660690

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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	PS
NAME	AMON, URSULA
STREET ADDRESS	4205 S ATLANTIC AVE 211 E Int'l Speedway Blvd
CITY-ST-ZIP	DAYTONA BEACH, FL 32127 32118
TITLE	T
NAME	AMON, FELIX
STREET ADDRESS	4205 S ATLANTIC AVE 211 E Int'l Speedway Blvd.
CITY-ST-ZIP	DAYTONA BEACH, FL 32127 32118
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**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #