2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000109660

1. Entity Name
NOIR INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
1515 COVERED BRIDGE RD. DELAND, FL 32724	1515 COVERED BRIDGE RD. DELAND, FL 32724

DO NOT WRITE IN THIS SPACE

04132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3613648
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RANDOLPH, ANDREW J
1025 NORTH STONE ST.
DELAND, FL 32720

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CORLEY, MILTON D SR.
STREET ADDRESS	1207 S. THOMPSON AVENUE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	VD
NAME	WILLIAMS, MICHAEL
STREET ADDRESS	1207 S. THOMPSON AVENUE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	SD
NAME	RANDOLPH, ANDREW J
STREET ADDRESS	1207 S. THOMPSON AVENUE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	TD
NAME	THOMAS, JOHN W
STREET ADDRESS	1207 S THOMPSON AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	VPCD
NAME	THOMAS, JOHN W
STREET ADDRESS	1207 S THOMPSON AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80057-025 150.00

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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: John Thomas John THOMAS 4-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #