## **2004 FOR PROFIT CORPORATION**

## Apr 09, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT #V11973 Entity Name NOELL INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 2606 W. WATERS AVE. P.O. BOX 271787 **TAMPA, FL 33688** TAMPA, FL 33614 04022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. PEl Number 59-3107216 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOELL, MICHAEL H. DO NOT WRITE 2606 WEST WATERS AVENUE TAMPA, FL 33614 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NOELL, MICHAEL H. NAME 2606 WEST WATERS AVENUE STREET ADDRESS City-St-Zip TAMPA, FL 33614 000000107542 04/09/04-80019-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 3 1717 STREET ADDRESS CITY-ST-ZIP TITLE

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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-935-4440

**FILED** 

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP