2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 182678

1. Entity Name
ORDON'S INC.

Principal Place of Business	Mailing Address
210-B PALAFOX PLACE	PO BOX 1791
PENSACOLA, FL 32501 US	PENSACOLA, FL 32598-1791 US

DO NOT WRITE IN THIS SPACE

03212006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-0727412	Not Applicable

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

6. Name and Address of Current Registered Agent

KAHN,NATHAN A
210-B PALAFOX PLACE
PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

6. 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)

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2006 Fee will be $550.00 | 8. Election Campaign Financing
Trust Fund Contribution.   ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	DPST
NAME	KAHN, NATHAN A
STREET ADDRESS	210-B PALAFOX PLACE
CITY-ST-ZIP	PENSACOLA, FL 32501

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000499062
04/24/06-80014-019 150.00

DO NOT WRITE IN THIS SPACE

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: _____Nathan A. Kahn_____ Partner   4/5/06   850-438-9931

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