

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 182678**

1. Entity Name  
**ORDON'S INC.**



Principal Place of Business

**210-B PALAFOX PLACE  
PENSACOLA, FL 32501 US**

Mailing Address

**PO BOX 1791  
PENSACOLA, FL 32598-1791 US**



03202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0727412**

Applied For  
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**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000918841

05/13/08-80097-013 150.00

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	
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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 attached seal or all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* **NATHAN A. KAHN** 4-17-08  
*[Handwritten Signature]* **CARA K. PARKER** 4/17/08 850-438-4931