



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # 441733</b> 1. Entity Name <b>NORDQUIST DIELECTRICS, INC.</b>	
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Principal Place of Business <b>12750 59TH WAY N CLEARWATER, FL 33760 US</b>	Mailing Address <b>12750 59TH WAY N CLEARWATER, FL 33760 US</b>
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01212008 No Chg-P CR2E034 (11/05)	
4. FEI Number <b>59-1496080</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NORDQUIST, THADDEUS E 3099 JODI LANE PALM HARBOR, FL 34684</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PDC NORDQUIST THADDEUS E 3099 JODI LANE PALM HARBOR, FL 34684</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S LUCE, ANN N 14878 55TH WAY N CLEARWATER, FL 33760</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V NORDQUIST, ERIC L 809 NORMANDY ROAD CLEARWATER, FL 33764</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V HUBBELL, SOPHIE A 37511 LORENA AVE ZEPHYRHILLS, FL 33541</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V LUCE, KEVIN T 14878 55TH WAY N CLEARWATER, FL 33760</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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:** Ann N Luce **ANN N LUCE, SECRETARY** 1/21/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #