

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 459086

1. Entity Name
NORTHLAND MANUFACTURING, INCORPORATED



Principal Place of Business
**3485 S MONROE
P.O. BOX 6247
TALLAHASSEE, FL 32314 US**

Mailing Address
**POB 6247
P.O. BOX 6247
TALL, FL 32314 US**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1579256

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BIRDWELL, JEARL
2762 BLAIRSTONE COURT
TALLAHASSEE, FL 32301**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000040387
02/09/04-80045-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BIRDWELL, NORMA
STREET ADDRESS	2762 BLAIRSTONE COURT
CITY- ST- ZIP	TALLAHASSEE, FL 32301
TITLE	PD
NAME	BIRDWELL, JEARL
STREET ADDRESS	2762 BLAIRSTONE COURT
CITY- ST- ZIP	TALLAHASSEE, FL 32301
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04

Date

878-5149

Daytime Phone #