


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90002 029 ***150.00

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| DOCUMENT # 508433 1. Entity Name JOHN NORD, PROFESSIONAL ASSOCIATION | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 8902 N. DALE #214 TAMPA, FL 33614 US | | | Mailing Address 8902 N. DALE MABRY #214 TAMPA, FL 33614 US | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business, Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 59-1680959 | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent NORD, JOHN 8902 N. DALE MABRY #114 TAMPA, FL 33618 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>PD</td> <td>NORD, JOHN</td> <td>8902 N. DALE MABRY #114</td> <td>TAMPA, FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>S</td> <td>NORD, LORRIE L.</td> <td>8902 N. DALE MABRY #114</td> <td>TAMPA, FL 33614</td> <td><input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </table> | | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | PD | NORD, JOHN | 8902 N. DALE MABRY #114 | TAMPA, FL | <input type="checkbox"/> | S | NORD, LORRIE L. | 8902 N. DALE MABRY #114 | TAMPA, FL 33614 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%;">Change <input type="checkbox"/></td> <td style="width:10%;">Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change <input type="checkbox"/> | Addition <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PD | NORD, JOHN | 8902 N. DALE MABRY #114 | TAMPA, FL | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | NORD, LORRIE L. | 8902 N. DALE MABRY #114 | TAMPA, FL 33614 | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change <input type="checkbox"/> | Addition <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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: <u>JOHN NORD</u> <u>03/16/04</u> <u>813-932-4900</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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