

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90014 020 ***158.75

DOCUMENT # 515130

1. Entity Name

NORA CONSTRUCTION CO.



Principal Place of Business

230 ROYAL PALM WAY ROOM 203
PALM BEACH FL 33480
US

Mailing Address

230 ROYAL PALM WAY ROOM 203
PALM BEACH FL 33480
US

54018481



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1693952

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORA, JOHN B. JR.
230 ROYAL PALM WAY
RM 203
PALM BEACH FL 33480

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME NORA, JOHN B. JR.
STREET ADDRESS 10316 SEAGRAPE WAY
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE D ☐ Delete
NAME NORA, JOHN B. JR.
STREET ADDRESS 10316 SEAGRAPE WAY
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE D ☐ Delete
NAME POLLARD, NANCY
STREET ADDRESS 4511 NORTHWEST 20TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE SVD ☐ Delete
NAME NORA, BARBARA
STREET ADDRESS 10316 SEAGRAPE WAY
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John B. Nora, Jr. John B. Nora, Jr.

3/11/04

561-655-7888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #