

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90413 037 ***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**

2. Principal Place of Business

10316 Seagrape Way

Suite, Apt. #, etc.

3. Mailing Address

10316 Seagrape Way

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip
33418

Country
USA

Zip
33418

Country
USA

4. FEI Number

59-1693952

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
NORA, JOHN B. JR.
10316 SEAGRAPE WAY
PALM BCH GARDENS FL**

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John B. Nora, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

Date

561-622-4563

Daytime Phone #