

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000006836

1. Entity Name
N.D.Y., INC.



Principal Place of Business
10150 DANIELS PARKWAY
FT MYERS, FL 33913

Mailing Address
10150 DANIELS PARKWAY
FT MYERS, FL 33913



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1500818

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

YENISH, TOM
10150 DANIELS PARKWAY
FT MYERS, FL 33913

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	YENISH, TOM
STREET ADDRESS	3910 WILLIAMSON RD
CITY- ST- ZIP	FORT MYERS, FL 33905
TITLE	P
NAME	YENISH, NORB
STREET ADDRESS	3910 WILLIAMSON RD
CITY- ST- ZIP	FORT MYERS, FL 33905
TITLE	V
NAME	YENISH, DONNA
STREET ADDRESS	1092 WEST CLIFF CURVE
CITY- ST- ZIP	SHOREVIEW, MN 55126
TITLE	S
NAME	YENISH, PATTI
STREET ADDRESS	8030 MT CURVE BLVD
CITY- ST- ZIP	BROOKLYN PARK, MN 55445
TITLE	T
NAME	LANG, DIANE
STREET ADDRESS	459 THOMPSON AVE W
CITY- ST- ZIP	WEST ST PAUL, MN 551183026
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/11/06-80065-014 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/05 239-922-9272

Date

Daytime Phone #