

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006836

Entity Name: N.D.Y. INC.

FILED  
Mar 26, 2009  
Secretary of State

## Current Principal Place of Business:

10150 DANIELS PARKWAY  
FT MYERS, FL 33913

## New Principal Place of Business:

## Current Mailing Address:

10150 DANIELS PARKWAY  
FT MYERS, FL 33913

## New Mailing Address:

FEI Number: 41-1500818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YENISH, TOM  
10150 DANIELS PARKWAY  
FT MYERS, FL 33913 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: YENISH, PATTI  
Address: 12054 LEDGEWOOD CIRCLE  
City-St-Zip: FORT MYERS, FL 33913

Title: P ( ) Delete  
Name: YENISH, NORB  
Address: 3910 WILLIAMSON RD  
City-St-Zip: FORT MYERS, FL 33905

Title: V ( ) Delete  
Name: YENISH, DONNA  
Address: 1092 WEST CLIFF CURVE  
City-St-Zip: SHOREVIEW, MN 55126

Title: S ( ) Delete  
Name: YENISH, TOM  
Address: 3910 WILLIAMSON RD.  
City-St-Zip: FORT MYERS, FL 33905

Title: T ( ) Delete  
Name: LANG, DIANE  
Address: 459 THOMPSON AVE W  
City-St-Zip: WEST ST PAUL, MN 551183026

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: YENISH, TOM  
Address: 5 MARY OAK LANE  
City-St-Zip: MANKATO, MN 56001

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS YENISH

S

03/26/2009

Electronic Signature of Signing Officer or Director

Date