

2004 FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

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

07-29-2004 90012 049 ***150.00

DOCUMENT # F01000001613

1. Entity Name

NORDBY REALTY, INC.



Principal Place of Business

**777 4TH ST N.W.
HURON SD 57350**

Mailing Address

**PO BOX 1335
HURON SD 57350**

bb436100

2. Principal Place of Business

777 4TH ST N.W.

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1335

Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State

HURON S.D.

City & State

HURON S.D.

4. FEI Number

46-0403956

Applied For

Not Applicable

Zip

57350

Country

USA

Zip

57350

Country

USA

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

**-MCCAFFREY, GAY
1421 BAY STREET SE
ST PETERSBURG FL 33701**

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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
**PCD
NORDBY, EARL D
335 MCLELLAN DR.
HURON SD** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
NORDBY, SHIRLEY J
335 MCLELLAN DR.
HURON SD** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DESLAURIERS, DIANE
401 N GALE RD.
MITCHELL SD** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WILKERSON, LINDA
4864 WOODHURST LN
MINNETONKA MN** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

*Sorry I
goofed
Earl*

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:

Earl D Nordby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-04

Date

605-352-8543

Daytime Phone #