

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F01000001513

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



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
46-0403956

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000381070
01/11/06-80038-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	POD
NAME	NORDBY, EARL D
STREET ADDRESS	335 MCCLELLAN DR.
CITY- ST- ZIP	HORON, SD
TITLE	VD
NAME	NORDBY, SHIRLEY J
STREET ADDRESS	335 MCCLELLAN DR.
CITY- ST- ZIP	HORON, SD
TITLE	SD
NAME	DESLAURIERS, DIANE
STREET ADDRESS	401 N GALE RD.
CITY- ST- ZIP	MITCHELL, SD
TITLE	TD
NAME	WILKERSON, LINDA
STREET ADDRESS	4864 WOODHURST LN
CITY- ST- ZIP	MINNETONKA, MN
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: Earl D Nordby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2006 605-352-8543
Date Daytime Phone #