

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90020 032 ***150.00

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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



2. Principal Place of Business - No P.O. Box #

777 4TH ST N.W.

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1335

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

HURON S.D.

Zip
57350

Country

USA

City & State

HURON S.D.

Zip
57350

Country

USA

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

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 PCD
NAME NORDBY, EARL D
STREET ADDRESS 335 MCCLELLAN DR.
CITY-STATE-ZIP HURON SD ☐ Delete

TITLE VD
NAME NORDBY, SHIRLEY J
STREET ADDRESS 335 MCCLELLAN DR.
CITY-STATE-ZIP HURON SD ☒ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-STATE-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 Jan, 2007 608.752.8543