

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90104 033 \*\*\*150.00

**DOCUMENT # F03000004776**

1. Entity Name  
**NAMDAR & SON, INC.**



Principal Place of Business  
**2350 MCNAB RANCH ROAD  
UKIAH, CA 95482**

Mailing Address  
**#7 FOURTH STREET  
SUITE 66  
PETALUMA, CA 94952**

**60022542**



2. Principal Place of Business

3. Mailing Address

**136 Wikip Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite D**

03012006

Chg-P

CR2E034 (11/05)

City & State

City & State

**Santa Rosa, CA**

4. FEI Number  
**68-0183832**

Applied For  
Not Applicable

Zip

Country

Zip

**95403**

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

**HUDSON, RICHARD  
25278 OLYMPIA ROAD  
BROOKSVILLE, FL 34601**

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 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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
NAMDAR, HOSSEIN  
238 EVERGREEN DRIVE  
KENTFIELD, CA 94904**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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: *She Halstead*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RECEIVED** **3/1/06** **707-284-2828**  
Date Daytime Phone #

**MAR 06 2006**

**CIU REV/ADM**