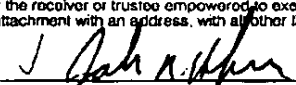


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90021 038 ***150.00

DOCUMENT # F06000005272			
1. Entity Name NORTHERN TECHNOLOGIES GROUP INC			
Principal Place of Business 284 NW FALLING CREEK RD. LAKE CITY, FL 32055		Mailing Address 284 NW FALLING CREEK RD. LAKE CITY, FL 32055	
2. Principal Place of Business - No P.O. Box # 1369 Roberts Rd		3. Mailing Address 1369 Roberts Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip- 32259	Country St Johns	Zip 32259	Country St Johns
4. FEI Number 01-0678620		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAFNER, JOHN R II 284 NW FALLING CREEK RD. LAKE CITY, FL 32055		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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PDC HAFNER, JOHN R II 284 NW FALLING CREEK RD. LAKE CITY, FL 32055 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hafner, John II ☒ Change ☐ Addition 1369 Roberts Rd Jacksonville FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAFNER, WENDY P. O. BOX 1987 LAKE CITY, FL 32058 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hafner, Wendy ☒ Change ☐ Addition 1369 Roberts Rd Jacksonville FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date: 13-14-08 Daytime Phone: 904-7755-8555	