

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # H19867

1. Entity Name
NORDLIE - TAMPA BAY, INC.



Principal Place of Business
**2708 E. HANNA AVE
TAMPA, FL 33610 US**

Mailing Address
**25300 GUENTHER RD.
WARREN, MI 48091 US**



04012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1590339

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENTSON, CHRIS
2708 E. HANNA AVE
TAMPA, FL 33610**

**DO NOT WRITE
IN THIS SPACE**

6. 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

TITLE	PD
NAME	NORDLIE, JAMES D
STREET ADDRESS	450 TOOTING L AVE
CITY-ST-ZIP	BIRMINGHAM, MI 48009

TITLE	ASTD
NAME	SMITH, KEVIN F
STREET ADDRESS	5718 LORIPAT DR
CITY-ST-ZIP	BROADVIEW HGTS, OH 44147

TITLE	STD
NAME	ADDISON, THOMAS G
STREET ADDRESS	6946 AURORA
CITY-ST-ZIP	TROY, MI 48098

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/06-80051-023 150.00

**DO NOT WRITE
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:

Thomas G. Addison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06

586-755-4200

Date

Daytime Phone #