

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # H28029

1. Entity Name
NORTH AMERICAN COMPANY



Principal Place of Business
312 SE 17TH STREET
SUITE 300
FT. LAUDERDALE, FL 33316 US

Mailing Address
312 SE 17TH STREET
SUITE 300
FT. LAUDERDALE, FL 33316 US



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0264069

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PALMER, CHARLES L.
312 SE 17TH STREET
SUITE 300
FORT LAUDERDALE, FL 33316

**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, 2004 Fee will be \$550.00

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

U00000055359
02/17/04-80035-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PALMER, CHARLES L.
STREET ADDRESS	312 SW 17TH ST SUITE 300
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	V
NAME	WILSON, JOY
STREET ADDRESS	312 SE 17TH STREET SUITE 300
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	S
NAME	DRESSLER, SHARON K
STREET ADDRESS	312 SE 17TH STREET SUIT E300
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

2-4-04 954-463-0681