

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 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 33316-2524 US**

Mailing Address
**312 SE 17TH STREET
SUITE 300
FT. LAUDERDALE, FL 33316-2524 US**



01072008 No Chg-P CR2E034 (11/05)

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 33316-2524**

**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, 2008 Fee will be \$550.00**

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

**U000000832725
04/23/08-80075-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PALMER, CHARLES L. 312 SE 17TH ST SUITE 300 FT. LAUDERDALE, FL 333162524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRESSLER, SHARON K 312 SE 17TH STREET SUITE 300 FT. LAUDERDALE, FL 333162524
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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles L. Palmer

1-14-08

Date

(954) 463-0681

Daytime Phone #