FILED
Apr 05, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J30610

1. EntityName
N-O-RPROPERTIES,INC.

PrincipalPlaceofBusiness	MailingAddress
7301-A W. PALMETTO PARK RD. SUITE 305C BOCA RATON, FL 33433 US	7301-A W. PALMETTO PARK RD. SUITE 305C BOCA RATON, FL 33433 US

DO NOT WRITE IN THIS SPACE

03192004 NoChg-P CR2E034(10/03)

4. FEINumber
59-2715530
Applied For
Not Applicable

5. CertificateofStatusDesired ☐ **$8.75** Additional Fee Required

6. NameandAddressofCurrentRegisteredAgent

SCIARRETTA,EDMUNDC
7301-AW.PALMETTOPARKRD.
SUITE305C
BOCARATON,FL33433

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,true(orprintedname)ofregisteredagent,andtitleifapplicable. (NOTE:RegisteredAgentSignatureisrequiredwhenever initialing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PD
NAME	RONNING,JENSP
STREETADDRESS	7301-AW.PALMETTOPARKRD.,STE305-C
CITY-ST-ZIP	BOCARATON,FL33433
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
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NAME	
STREETADDRESS	
CITY-ST-ZIP	

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12. Ihereby 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: _____ MARCH 15th 2004
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#