

\$150

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J49996

1. Entity Name  
NORMANDALE FINANCIAL CORPORATION

FILED

05 MAR -1 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2803753

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301DO 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, 2005 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTSD  
GREENFIELD, BARRY W  
4200 W. CYPRESS, #444  
TAMPA, FL 33607TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
RAUENHORST, JOSEPH J  
1300 SAWGRASS PKWY., #144  
SUNRISE, FL 33323TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
BOZESKY, MARGARET A  
10350 BREN RD WEST  
MINNESOTA, MN 55343TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP300048059893  
03/09/05--01051--005 \*\*350.00DO NOT WRITE  
IN THIS SPACE

JB 3/4

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

2/18/05

Date

813-877-4444

Daytime Phone #