

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90029 031 ***550.00

DOCUMENT # K99941

1. Entity Name
NAITHLORIENDUN, INC.



Principal Place of Business
% ROBERT H. GORE, PH.D.
P.O. BOX 10053
NAPLES, FL 33941

Mailing Address
% ROBERT H. GORE, PH.D.
P.O. BOX 10053
NAPLES, FL 33941

00000000



DO NOT WRITE IN THIS SPACE

07182006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0145996

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GORE, PAUL A
Box 423
4613 N. University Dr.
Coral Springs, FL 33067

**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 \$550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D / President
NAME	GORE, ROBERT H., PH.D.
STREET ADDRESS	4261 40 AVE SE
CITY-ST-ZIP	NAPLES, FL 33964
TITLE	Secretary
NAME	GORE, PAUL A. Box 423
STREET ADDRESS	4613 N. Univ. Dr.
CITY-ST-ZIP	Coral Springs, FL 33067
TITLE	D
NAME	WEINLAND, LINDA
STREET ADDRESS	4382 38TH AVE., SE
CITY-ST-ZIP	NAPLES, FL 33964
TITLE	D
NAME	GORE, ROBERT STEPHEN
STREET ADDRESS	501 E DANIA BEACH BLVD.
CITY-ST-ZIP	DANIA, FL 33004
TITLE	D
NAME	GORE, DANIEL G
STREET ADDRESS	6950 CAMDEN AVENUE
CITY-ST-ZIP	COCOA, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

Date

Daytime Phone #

Paul A. Gore Secretary

7-18-06

954-344-5400

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