

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000089348

1. Entity Name
NORTH - TI, INC.



Principal Place of Business
**140 IMPERIAL STREET
MERRITT ISLAND, FL 32952**

Mailing Address
**140 IMPERIAL STREET
MERRITT ISLAND, FL 32952**

DO NOT WRITE IN THIS SPACE



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3752974** Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**DAVIS, PAULA
140 IMPERIAL STREET
MERRITT ISLAND, FL 32852**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVIS, PAULA
STREET ADDRESS 1049 S. ATLANTIC AVE.
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE V
NAME BAKER, JOE A
STREET ADDRESS 140 IMPERIAL STREET
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE ST
NAME CABARON, TERESA
STREET ADDRESS 4055 SHERIDAN AVE.
CITY-ST-ZIP COCOA, FL 32926

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000430908
04/19/06-80001-005 150.00

**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:

Paula Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06
Date

Daytime Phone #