

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90011 044 ***150.00

DOCUMENT # P02000009137

1. Entity Name
NORTHERN ATTITUDE, INC.



Principal Place of Business
1339 OLD BRIDGE ROAD
NORTH FT. MYERS, FL 33917

Mailing Address
1339 OLD BRIDGE ROAD
NORTH FT. MYERS, FL 33917

DO NOT WRITE IN THIS SPACE



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number
90-0003783

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIGGINS, TIMOTHY R
1339 OLD BRIDGE ROAD
NORTH FT. MYERS, FL 33917

**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 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WIGGINS, TIMOTHY R
1339 OLD BRIDGE ROAD
NORTH FT. MYERS, FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 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

7/13/04
Date

Daytime Phone #

54062857

Attachment
COSENTINO & ORLANDO

ACCOUNTANTS
1402 Cape Coral Parkway
Cape Coral, FL 33904
(239) 945-4939
Fax (239) 945-4938

July 12, 2004

Florida Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

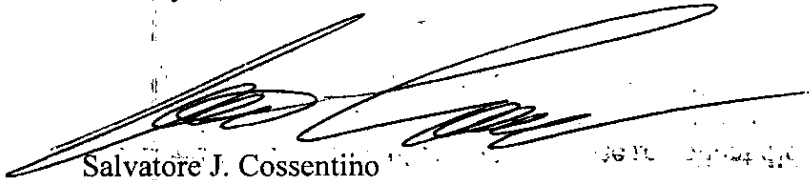
RE: Northern Attitude, Inc.
#P02000009137

To Whom It May Concern,

I am the accountant for the above mentioned client. In March of 2004, we contacted the Department of State because my client did not receive his annual filing report. They said, his annual report notice card was sent back, but the address was correct when we called Tallahassee. They said they would send another blank form immediately, since they do not have a computer, before the May 1st due date. In late April of 2004, we again called and informed the Department of State, that we never received the blank form. Finally, on July 2, 2004, they received a copy of the Filing Form that should have been sent in January of 2004. We complained to the Department of State that because of their error, we did not feel that we were liable for the \$550.00 fee. They advised us that we should send in this letter explaining the circumstances, and that the \$150.00 fee would be accepted.

If you should have any questions, please feel free to contact me.

Thank you,


Salvatore J. Cossentino