

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90049 016 \*\*\*150.00

DOCUMENT # P02000030002

1. Entity Name  
NORTHERN READERS SERVICES INC.



Principal Place of Business Mailing Address  
6466 NW 5TH WAY 2953 W. Cypress Creek Rd Ste 101 6466 NW 5TH WAY 2953 W. Cypress Creek Rd Ste 101  
FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309

40116785



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0409907 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**

HAYDOCK, VINCENT  
6466 NW 5TH WAY 2953 W. Cypress Creek Rd Ste 101  
FORT LAUDERDALE, FL 33309

**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]* (NOTE: Registered Agent signature required when reinstating) DATE:

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME HAYDOCK, VINCENT  
STREET ADDRESS 6466 NW 5TH WAY 2953 W. Cypress Creek Rd Ste 101  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

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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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #