

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2004 8:00 am
Secretary of State

06-24-2004 90079 014 ***150.00

DOCUMENT # P03000022492

1. Entity Name
NATOM ENTERPRISES, INC.



Principal Place of Business
1821-6 PARENTAL HOME RD
JACKSONVILLE, FL 32216

Mailing Address
P.O. BOX 16952
JACKSONVILLE, FL 32245-3652

54058687



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06222004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

61-1444283

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, NORMAN
1821-6 PARENTAL HOME RD
JACKSONVILLE, FL 32216

Name **THOMPSON, NORMAN**

Street Address (P.O. Box Number is Not Acceptable)
2439 WINGED ELM DR E

City **Jacksonville**

FL

Zip Code **32246**

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

June 22, 2004

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVT** ☐ Delete
NAME **THOMPSON, NORMAN**
STREET ADDRESS **2439 WINGED ELM DR E**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **THOMPSON, NORMAN**
STREET ADDRESS **2439 WINGED ELM DR E**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/2004
Date

Daytime Phone #