

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022492

Entity Name: NATOM ENTERPRISES, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

1821-6 PARENTAL HOME RD
JACKSONVILLE, FL 32216

New Principal Place of Business:

2439 WINGED ELM DRIVE E
JACKSONVILLE, FL 32246

Current Mailing Address:

P.O.BOX 16952
JACKSONVILLE, FL 322453652

New Mailing Address:

2439 WINGED ELM DRIVE E
JACKSONVILLE, FL 32246

FEI Number: 61-1444283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, NORMAN
2433 WINGED ELM DR E
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

THOMPSON, NORMAN PD
2433 WINGED ELM DR E
JACKSONVILLE, FL 32246 US

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.

SIGNATURE: NORMAN THOMPSON

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVT () Delete
Name: THOMPSON, NORMAN
Address: 2439 WINGED ELM DR E
City-St-Zip: JACKSONVILLE, FL 32246

Title: S () Delete
Name: THOMPSON, NORMAN
Address: 2439 WINGED ELM DR E
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMPSON, NORMAN
Address: 2439 WINGED ELM DR E
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN THOMPSON

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date