

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/9/2004-90007-025-\$50.00-\$50.00
8/9

DOCUMENT # P03000072382		
1. Entity Name NORTHERN EXPOSURE SERVICES, INC.		

Principal Place of Business 307 APT A GRANT ST PORT ORANGE FL 32127	Mailing Address 307 APT A GRANT ST PORT ORANGE FL 32127
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent OLSON, GLENN P 307 APT A GRANT ST PORT ORANGE FL 32127	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.	
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SIGNATURE Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	5.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLSON, GREGORY C 307 APT A GRANT ST PORT ORANGE FL 32127 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS OLSON, GLENN P 307 APT A GRANT ST PORT ORANGE FL 32127 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Glenn P. Olson	8-3-04 (386) 304-1740

FILED
04 OCT 22 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00000000



MOORE CR2E034 (4/04)

4. FEI Number 20-0039971	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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REINSTATEMENT 04

800042193848
10/26/04-01082-011 **100.00

8/10/26

ATTACHMENT 66433050

P03000072382

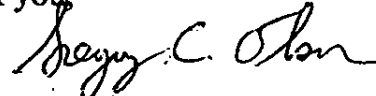
Northern Exposure Incorporation

8-26-04

To whom it may concern,

We received a letter dated 8-12-04 related to late fees. However, after speaking with the division of corporations at 850-245-6056 we found that we should have received a post card in January. This form is the only one that we did receive. Enclosed in our check for 100 dollars plus 50 dollars previously sent last week. Please waive the 400 dollar late fee.

Thank you



Gregory C. Olson

10-15-04

To Whom it may concern

After speaking with your office it is clear you did not
receive our check for 100.⁰⁰ sent on 8-30-04 ck #1110
We are sending an additional check at this time.

We have checked with our Bank and the 1st check has not
been cashed - We believe it has been lost.

Thank you

S. L. Plu