

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90090 037 \*\*\*150.00

**DOCUMENT # P03000091855**

1. Entity Name

NOREKIM, INC.



Principal Place of Business

3455 WEST CYPRESS DRIVE  
DUNNELLON FL

Mailing Address

3455 WEST CYPRESS DRIVE  
DUNNELLON FL

2. Principal Place of Business

11352 N. WILLIAMS ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNNELLON FL

City & State

Zip

Country

U.S.A.

4. FEI Number

54-2128593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARNOCK, RON  
3455 WEST CYPRESS DRIVE  
DUNNELLON FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D- ☐ Delete  
NAME: WARNOCK, RON  
STREET ADDRESS: 3455 WEST CYPRESS DRIVE  
CITY-ST-ZIP: DUNNELLON FL

TITLE: VP ☐ Delete  
NAME: ALDRICH, MIKE  
STREET ADDRESS: 3455 W CYPRESS DR  
CITY-ST-ZIP: DUNNELLON FL 34433

TITLE: S ☐ Delete  
NAME: SMITH, DOROTHY E  
STREET ADDRESS: 9890 SW 186 AVE  
CITY-ST-ZIP: DUNNELLON FL 34432

TITLE: T ☐ Delete  
NAME: SMITH, DOROTHY E  
STREET ADDRESS: 9890 SW 186 AVE  
CITY-ST-ZIP: DUNNELLON FL 34432

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 life empowered.

SIGNATURE:

*Ron Warnock*  
RON WARNOCK

2/25/05

(352) 489-5810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #