

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90253 038 ***150.00

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1. Entity Name
NORLIN ENTERPRISES, INC.



Principal Place of Business
31 ENTERPRISE DR
BUNNELL, FL 32110

Mailing Address
PO BOX 350189
PALM COAST, FL 32135

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007

Chg-P

CR2E034 (12/06)

4. FEI Number

72-1574994

Applied For

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

GUNTARP, PAUL M JR
~~185 GYPRESS POINT PKWY STE 6~~
PALM COAST, FL 32164

Name

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

4-B Old Kings Rd, North

City

Palm Coast

FL

Zip Code

32137

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 fee if applicable.

(NOTE: Registered Agent signature required when renewing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MUGFORD, NORMAN R
STREET ADDRESS 31 ENTERPRISE DR
CITY-ST-ZIP BUNNELL, FL 32110

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

TITLE D ☐ Delete
NAME MUGFORD, LINDA V
STREET ADDRESS 31 ENTERPRISE DR
CITY-ST-ZIP BUNNELL, FL 32110

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

TITLE ☐ Delete
NAME
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 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:

Linda Mugford Linda Mugford

1/3/07

336-445-2936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #