## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018737

**Entity Name:** N&D MANUFACTURING, INC.

FILED Apr 26, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

21997 U.S. HIGHWAY 19 NORTH 2165 SUNNYDALE BLVD CLEARWATER, FL 33765 SUITE Q

CLEARWATER, FL 33765

**Current Mailing Address: New Mailing Address:** 

21997 U.S. HIGHWAY 19 NORTH 2165 SUNNYDALE BLVD CLEARWATER, FL 33765

SUITE Q

CLEARWATER, FL 33765

FEI Number: 20-0663428 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TROKTHI, AGUSTIN TROKTHI, AGUSTIN 21997 U.S. HIGHWAY 19 NORTH 2165 SUNNYDALE BLVD

CLEARWATER, FL 33765 SUITE Q

CLEARWATER, FL 33765 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: AGUSTIN TROKTHI 04/26/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

TROKTHI, KLARETA TROKTHI, KLARETA Name: Name: 21997 US HWY 19 NORTH 2545 NE COACHMAN RD, #174 Address: Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: CLEARWATER, FL 33765

VPD Title: VPD (X) Change ( ) Addition Title: () Delete

Name: TROKTHI, AGUSTIN Name: TROKTHI, AGUSTIN

1436 SEAGULL DRIVE # 304 2545 NE COACHMAN RD, #174 Address: Address: PALM HARBOR, FL 34685 CLEARWATER, FL 33765 City-St-Zip: City-St-Zip:

Title: Title: STD ( ) Delete STD (X) Change ( ) Addition

SIMA, BLENDI SIMA, BLENDI Name: Name: 21997 US HWY 19 NORTH 1703 CAPRI LANE Address: Address:

City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: TARPON SPRINGS, FL 34689

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.

VΡ SIGNATURE: AGUSTIN TROKTHI 04/26/2006