

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90012 022 \*\*\*150.00

**DOCUMENT # P04000048941**

1. Entity Name  
**NORDEN MARKETING, INC.**



Principal Place of Business  
**2629 MERCEDES AVENUE  
PANAMA CITY, FL 32405**

Mailing Address  
**2629 MERCEDES AVENUE  
PANAMA CITY, FL 32405**

**50030079**



2. Principal Place of Business

**1809 Millwood Ln.**  
Suite, Apt. #, etc.

3. Mailing Address

**1809 Millwood Ln.**  
Suite, Apt. #, etc.

03202005 Chg-P CR2E034 (10/03)

City & State

**Lynn Haven, FL**

City & State

**Lynn Haven, FL**

4. FEI Number

**571200626**

Applied For

Not Applicable

Zip

**32444**

Country

**Bay**

Zip

**32444**

Country

**Bay**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NORDEN, THOMAS A  
2629 MERCEDES AVENUE  
PANAMA CITY, FL 32405**

7. Name and Address of New Registered Agent

Name **Norden, Thomas A**  
Street Address (P.O. Box Number is Not Acceptable)

**1809 Millwood Ln.**  
City **Lynn Haven** FL Zip Code **32444**

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 nonstatutory)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NORDEN, THOMAS A	
STREET ADDRESS	2629 MERCEDES AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORDEN, LISA A	
STREET ADDRESS	2629 MERCEDES AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norden, Thomas A	
STREET ADDRESS	1809 Millwood Ln.	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norden, Lisa A	
STREET ADDRESS	1809 Millwood Ln.	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **Thomas A. Norden** Thomas A. Norden 3-21-05 (850) 271-0096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #