


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90033 024 ***158.75

DOCUMENT # P05000063628		
1. Entity Name NORTEC, INC.		

40058053



Principal Place of Business 3109 TIMUCUA CIRCLE ORLANDO, FL 32837	Mailing Address 3109 TIMUCUA CIRCLE ORLANDO, FL 32837
---	---

2. Principal Place of Business - No P.O. Box # 14621 MUSKET FIRE LN Suite, Apt. #, etc.	3. Mailing Address 14621 MUSKET FIRE LN Suite, Apt. #, etc.
--	--

02192007 Chg-P CR2E034 (12/06)

City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number 20-3017695	Applied For <input type="checkbox"/> Not Applicable
Zip 32837	Country USA	Zip 32837	Country USA

6. Name and Address of Current Registered Agent VERA, BENJAMIN O 3109 TIMUCUA CIRCLE ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name BENJAMIN O VERA Street Address (P.O. Box Number is Not Acceptable) 14621 MUSKET FIRE LN City ORLANDO FL Zip Code 32837	
--	--	--	--

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERA, BENJAMIN O 3109 TIMUCUA CIRCLE ORLANDO, FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENJAMIN O VERA 14621 MUSKET FIRE LN ORLANDO FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/07

Date

Daytime Phone #