

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90039 039 ***150.00

DOCUMENT # P95000002228



1. Entity Name
NORD ENTERPRISES, INC.

Principal Place of Business Mailing Address
8902 N. DALE MABRY HWY., SUITE 214 8902 N. DALE MABRY HWY., SUITE 214
TAMPA, FL 33614 US TAMPA, FL 33614 US

DO NOT WRITE IN THIS SPACE

03152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3293818

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EILERS, LORRIE N
2544 LAKE ELLEN DR
TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------------|
| TITLE | NORD, JOHN |
| NAME | |
| STREET ADDRESS | 8902 N. DALE MABRY HWY., SUITE 214 |
| CITY-ST-ZIP | TAMPA, FL 33614 |

| | |
|----------------|--------------------|
| TITLE | VPS |
| NAME | EILERS, LORRIE N |
| STREET ADDRESS | 2544 LAKE ELLEN DR |
| CITY-ST-ZIP | TAMPA, FL 33618 |

| | |
|----------------|-------------------|
| TITLE | AS |
| NAME | LARGE, LORRAINE J |
| STREET ADDRESS | 12002 HOPE LN |
| CITY-ST-ZIP | TAMPA, FL 33618 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/04

Date

813 932-4920

Daytime Phone #