

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2008 8:00 am
Secretary of State

04-25-2008 90136 034 ***150.00

DOCUMENT # P95000002228 1. Entity Name NORD ENTERPRISES, INC.					
Principal Place of Business 13960 CLUBHOUSE DR TAMPA FL 33618 US			Mailing Address 13960 CLUBHOUSE DR TAMPA FL 33618 US		
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		Country		4. FEI Number 59-3293818	
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ Signature, typed or printed name of registered agent and date. If applicable, include Registered Agent's signature and date when verifiable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 NAME STREET ADDRESS CITY-ST-ZIP	P NORD, JOHN 13960 CLUBHOUSE DR TAMPA FL 33618	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS EILERS, LORRIE N 2544 LAKE ELLEN DR TAMPA FL 33618	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LARGE, LORRAINE J 12002 HOPE LN TAMPA FL 33618	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>John Nord</i> - JOHN NORD PRES. <i>5/19/08</i>					