

**2006.FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000068656

1. Entity Name
NOR-TEC ELECTRIC, INC.



Principal Place of Business
**683 SW WHITMORE DR
PORT ST LUCIE, FL 34948 US**

Mailing Address
**501 SW PRADO AVENUE
PORT ST LUCIE, FL 34983**



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0690190

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NORTON, BARRY
501 SW PRADO AVENUE
PORT ST LUCIE, FL 34983**

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and this if applicable DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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**
NAME **NORTON, BARRY**
STREET ADDRESS **501 SW PRADO AVENUE**
CITY-ST-ZIP **PORT ST LUCIE, FL 34983**

TITLE **D**
NAME **NORTON, JOANN**
STREET ADDRESS **501 SW PRADO AVENUE**
CITY-ST-ZIP **PORT ST LUCIE, FL 34983**

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**U00000522803
05/03/06-80047-004 150.00**

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #