2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000039913

1. Entity Name
LA CROIX & NORDON, INC.

Principal Place of Business	Mailing Address
6236 GRAND BLVD. NEW PORT RICHEY, FL 34652	6236 GRAND BLVD. NEW PORT RICHEY, FL 34652

02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3447314
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORDON, JOSEPH
3631 SARAZEN DR.
NEW PORT RICHEY, FL 34655

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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, 2006 Fee will be $550.00

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

000UJ047118?
03/28/06-80043-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCS
NAME	NORDON, JOSEPH
STREET ADDRESS	3631 SARAZEN DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	VD
NAME	OBEDA, LOU ELLEN
STREET ADDRESS	2530 SPRINGFIELD DR
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	TD
NAME	NORDON, MARIANNE
STREET ADDRESS	3631 SARAZEN DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Joseph Nordon 3-13-6 727-846-8366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #