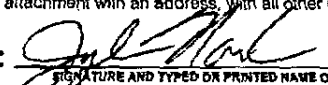


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P97000039913			
1. Entity Name LA CROIX & NORDON, INC.			
Principal Place of Business 6236 GRAND BLVD. NEW PORT RICHEY, FL 34652		Mailing Address 6236 GRAND BLVD. NEW PORT RICHEY, FL 34652	
DO NOT WRITE IN THIS SPACE			
		02222006 No Chg-P CR2E034 (11/05)	
		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		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 file 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	
		000000471187 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			
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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-13-6 727-846-9366	
		Date Day/Time Phone #	