

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90027 002 \*\*\*150.00

DOCUMENT # P97000108431



1. Entity Name

NORTHERN EXPOSURE & CONTRACTORS, INC.

Principal Place of Business

2 COLD SPRING CT.  
PALM COAST FL 32137

Mailing Address

2 COLD SPRING CT.  
PALM COAST FL 32137

2. Principal Place of Business - No P.O. Box #

2 Cold Spring Ct

3. Mailing Address

2 Cold Spring

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast FL

City & State

Palm Coast FL

Zip

32137

Country

FL/9/06

Zip

32137

Country

FL/9/06

4. FEI Number

59-3496703

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NUNNALLY, BARRY  
2 COLD SPRING CT.  
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

Barry Nunnally 2 Cold Spring Ct.

Street Address (P.O. Box Number is Not Acceptable)

City

Palm Coast

FL

Zip Code

32137

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 fee is applicable.

(NOTE: Registered Agent Signature required when re-appointing)

DATE

2/22/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE P ☐ Delete  
NAME NUNNALLY, BARRY  
STREET ADDRESS 2 COLD SPRING CT.  
CITY- ST- ZIP PALM COAST FL 32137

TITLE VP ☐ Delete  
NAME NUNNELLY, MARY ANN  
STREET ADDRESS 2 COLD SPRING CT.  
CITY- ST- ZIP PALM COAST FL 32137

TITLE T ☐ Delete  
NAME NUNNALLY, MARY ANN  
STREET ADDRESS 2 COLD SPRING CT.  
CITY- ST- ZIP PALM COAST FL 32137

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #