

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000017908

1. Entity Name
M.A. NORDIN TRANS, INC.



Principal Place of Business
**13753 BARBADOS DRIVE
 SEMINOLE, FL 33776**

Mailing Address
**13753 BARBADOS DRIVE
 SEMINOLE, FL 33776**



02042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3560665	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NORDIN, MARY A
 13753 BARBADOS DRIVE
 SEMINOLE, FL 33776**

**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) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

U00000645100
 03/02/07-80069-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME NORDIN, MARY A
 STREET ADDRESS 13753 BARBADOS DRIVE
 CITY-ST-ZIP SEMINOLE, FL 33776

TITLE SD
 NAME NORDIN, DENNIS
 STREET ADDRESS 13753 BARBADOS DR
 CITY-ST-ZIP SEMINOLE, FL 33776

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 CITY-ST-ZIP

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 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 an attachment with an address, with all other like empowered.

SIGNATURE: *Mary A. Nordin* **MARY A. NORDIN**

2-20-07 727-595-8839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #