## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Mar 09, 2006 8:00 am Secretary of State

1. Entity Nam THE CON	MENT # P99000021 NOR DEVELOPMENT CO COUNTY, INC.					į		006 9016	55 038 ***	150.00
Principal Place	e of Business	Mailing Address		·	i		dno	•		
1309 SE 251 STE 103	TH LOOP	1309 SE 25 LOOP STE 103					,			
OCALA, FL 34471		OCALA, FL 34471							4 4 MMS SMS	
2 Principal P	lace of Business	3. Mailing Address								
Z. Fillicipal F	idee of desiriess	a. Mailing Address				F	1   2  4   2  4   2  4   2		6)   EE#   III B\k\	I (((BE) () IFB)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			***********	02272006	6 Chg-P	CR2	E034 (11/05	i)
City & State		City & State				4. FEI Num 59-35	nber 571938		<del></del>	Applied For Not Applicable
Zip	Country	Zip	Coun	itry			ite of Status Desire	ed []	\$8.75 A	dditional
	6. Name and Address of Current	Registered Agent		-	·	7. Name a	nd Address of Ne	w Register		
PADDINE	NU DECINALD M			Name	Day	riels.	Berry	, Dee	•	
1309 SE 2	AU, REGINALD M 5 LOOP			Street Ad	ddress (I	P.O. Box Nurr	ber is Not Accept	able)	Swite	// )
STE 103 OCALA, FI	24471			ļ	LSC	9 SE	25+1	σομ,	عر مدر	. 10sa
OUALA, FI	L 34471			City					Zip Co	nde
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	named entity submits this statement for ions of registered agent.  Sgnatury 500d or printed name of registered agent.	Berry	De	2 e À	ani	els,	T	2	אכן בגן	r e
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record yearny area are anomaton supplied with ansalining does not quarity or the exemptions contained in Chapter 119, Horida Statutes. If further certify that the information indicated on this report or supplemental/eport 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.

ASSISTURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR