

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F83081

FILED
Jan 21, 2009
Secretary of State

Entity Name: NORCONN ENTERPRISES OF CLEARWATER, INC.

Current Principal Place of Business:

627 PINELLAS ST.
UNIT E
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5072
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 59-2209540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKIDD, SUSAN C
627 PINELLAS ST
UNIT E
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SKIDD, SUSAN C,
Address: 627 PINELLAS ST, UNITE
City-St-Zip: CLEARWATER, FL 33756 US

Title: P () Delete
Name: SKIDD, DAVID W,
Address: 627 PINELLAS ST. UNIT E
City-St-Zip: CLEARWATER, FL 33756 US

Title: V () Delete
Name: SKIDD, DAVID JR.,
Address: 12313 TWIN BRANCH ACRES RD.
City-St-Zip: TAMPA, FL 33626 US

Title: T () Delete
Name: SKIDD, MICHAEL R,
Address: 503 101ST AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN C SKIDD

S

01/21/2009

Electronic Signature of Signing Officer or Director

Date