

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003407

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** NORMANDIE CONNECTION LTD., INC.

**Current Principal Place of Business:**

11924 SUITE 22 FOREST HILL BLVD #135  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

11924 SUITE 22 FOREST HILL BLVD #135  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 32-0311071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HECART, MARIE  
3368 OLD HAMPTON DRIVE  
WELLINGTON, FL 33414 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

**OFFICERS AND DIRECTORS:**

Title: CDP  
Name: HECART, MARIE  
Address: 3368 OLD HAMPTON DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: S/T  
Name: HECART, MARIE  
Address: 3368 OLD HAMPTON DRIVE  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: MARIE HECART

CDP

04/13/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date