

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90029 046 ***158.75

DOCUMENT # 208839

1. Entity Name

NORMANDY VILLAGE UTILITY CO.



Principal Place of Business

7800 DELAROCHE DR
JACKSONVILLE FL 32210
US

Mailing Address

1702 LINDSEY RD
JACKSONVILLE FL 32221
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6066966

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LETIEN, DENISE L

~~8079 BANVILLE DR~~

JACKSONVILLE FL ~~32240~~

**6219 MAGELLAN ROAD
32222**

Name

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

6219 Magellan Road

City

Jacksonville

FL

Zip Code

32222

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	MSD	<input type="checkbox"/> Delete
NAME	LETIEN, DOROTHY E	
STREET ADDRESS	8091 LOURDES DR S	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OAKLEY, AGNES R	
STREET ADDRESS	7935 LIMOGES DR	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIVENGOOD, E.F.	
STREET ADDRESS	2139 PATOU DR WEST	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GMUCA, R F	
STREET ADDRESS	8209 BAZAINE DR	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVEROCK, R.E.	
STREET ADDRESS	2042 MONTEAU DR	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	STUDY, NORMAN D	
STREET ADDRESS	4631 MAGILL RD	
CITY - ST - ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dorothy E. Letien* DOROTHY E. LETIEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2007 (904) 781-1194

Date

Anytime Phone #