## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Apr 29, 2004 08:00 AM Secretary of State

Fee Required

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1. Entity Name

NORMAN INDUSTRIES, INC.

Principal Place of Business

1318 10TH ST. SARASOTA FLA, 34236 Mailing Address

6407 26TH ST W BRADENTON, FL 34207



## DO NOT WRITE IN THIS SPACE

01052004 No Ci	ng-P C	CR2E034 (10/03)
4. FEI Number		Applied For
59-1117253		Not Applicable
5. Certificate of Status I	Desired [	\$8.75 Additional

6. Name and Address of Current Registered Agent

NORMAN, FRANK G

## NO MOT WOITE

6407 26TH ST W BRADENTON, FL 34207-5167				IN THIS SPACE			
	named entity submits this statement for the plans of registered agent	urpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title	fapplicable (NOTE Registered	i Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees			
10.  INTLE NAME STREFT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT VD ROGERS, WILLIAM ELBERT 2424 CLEVELAND HTS BLVD LAKELAND, FLORIDA 00000, PD NORMAN, FRANK G 6407 26TH ST W BRADENTON, FL 34207	CTORS			U000000137781 04/29/04-80054-007 150.00		
NAME STREET ADDRESS CHY-ST-ZP TITLE NAME STREET ADDRESS	STD NORMAN, RUSCEEN 6416 26TH STREET WEST BRADENTON, FL 34207 D RELEFORD, CARISSA 103 GUILL COURT				NOT WRITE THIS SPACE		
DILE NAME	NASHVILLE, TN 37214						

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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.

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STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-SI-ZIP

> Norman SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR NORMAN

4-27-04

Daytime Phone ∉

Date