

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 297441 | |
| 1. Entity Name NORMAN INDUSTRIES, INC. | |
| Principal Place of Business 6407 26TH STREET WEST BRADENTON, FL 34207 US | Mailing Address 6407 26TH ST W BRADENTON, FL 34207 US |



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 59-1117253 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**NORMAN, FRANK G
6407 26TH ST W
BRADENTON, FL 34207-5167**

**DO NOT WRITE
IN THIS SPACE**

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 releasing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
RELEFORD, ROBERT J
2926 7TH AVE W.
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NORMAN, FRANK G
6407 26TH ST W
BRADENTON, FL 34207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
NORMAN, RUSCEEN
6416 26TH STREET WEST
BRADENTON, FL 34207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RELEFORD, CARISSA
2926 7TH AVE W
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000577558
01/08/07-80022-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Frank G Norman FRANK G NORMAN

1-5-2007

941/755-5861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #