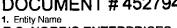
## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 452794** E.C. NORRIS ENTERPRISES, INC.

**FILED** Jan 17, 2008 08:00 Al Secretary of State



Principal Place of Business

VERO BEACH, FL 32963

**4731 NORTH A1A** 

Mailing Address

4731 NORTH A1A VERO BEACH, FL 32963

US



| DO NO | <b>/ TC</b> | NR | ITE | IN | THIS | <b>SPAC</b> | Ε |
|-------|-------------|----|-----|----|------|-------------|---|
|-------|-------------|----|-----|----|------|-------------|---|

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01032008 No Chg-P CR2E034 (11/05)

4. FEi Number 59-1532450 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

NORRIS, E CLIFFORD 4731 NORTH A1A VERO BEACH, FL 32963

SIGNATURE:

## 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 reinstating) "DATE"   |  |   |     |                                    |   |  |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00   |  | 9. Election Campaign Financing Trust Fund Contribution. |     | \$5.00 May Be<br>Added to Fees     | 000000786963<br>01/17/08-80060-025 150.00   |  |  |  |
| 10.   | OFFICERS AND DIREC   | TORS  |     |                                    |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>NORRIS, E. CLIFFORD<br>4731 NORTH A1A<br>VERO BEACH, FL    |   |     |                                    |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>NORRIS, PENNY<br>1408 CLUB DRIVE<br>VERO BCH, FL 32963      |   |     |                                    |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |     | DO                                 | NOT WRITE                                   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |     | IN '                               | THIS SPACE                                  |  |  |  |
| TITLE NAME STREET ADDRESS   |  |   |     |                                    | ł   |  |  |  |
| CITY-ST-ZIP   |  |   |     |                                    |   |  |  |  |
| TITLE V   | A AT TIGOR ETA A CHRISE TRANS<br>COMMUNICATION OF THE SET OF THE |   | ٠٠, | g States (1966)<br>G States (1966) |   |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   |     | ••                                 | إسد ، سبد الما الما المسادة المحددة المدادة |  |  |  |
| 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 adjustmental 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 all address, with all other like empowered. |  |   |     |                                    |   |  |  |  |