

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 577564

1. Entity Name
NORMAN'S, INC.



Principal Place of Business
498 22ND PLACE
VERO BEACH, FL 32960 US

Mailing Address
P O BOX 6329
PO BOX 6329
VERO BEACH, FL 32961 US

FILED
Mar 28, 2005 08:00 AM
Secretary of State



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1840746

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

FLETCHER, F. NORMAN
1235 THIRTY-SIXTH AVE.
VERO BEACH, FL

**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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000279253
03/28/05-80058-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PV
FLETCHER, F. NORMAN
1235 THIRTY-SIXTH AVE.
VERO BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
FLETCHER, JOANN
1235 THIRTY-SIXTH AVE.
VERO BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joann S. Fletcher* Joann S. Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05
Date

772-569-5550
Daytime Phone #