

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 577564

1. Entity Name
NORMAN'S, INC.



FILED
Mar 31, 2006 08:00 AM
Secretary of State

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



03022006 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

4. 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, 2006 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
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

TITLE
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STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/13/06-80057-017 150.00

**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:

Joann S. Fletcher **JOANN S. Fletcher**

3/28/06 772-369-5550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #