


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90240 016 ***150.00

DOCUMENT # 608792	
1. Entity Name NORMAN HILL FLORIDA, INC.	

Principal Place of Business 1824 DELANEY AVE P.O. BOX 561418 ORLANDO, FL 32856	Mailing Address 1824 DELANEY AVE P.O. BOX 561418 ORLANDO, FL 32856
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94072135

2. Principal Place of Business 2110 Dawley Ave. Suite, Apt. #, etc.	3. Mailing Address P O Box 561418 Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL
Zip 32806 Country USA	Zip 32856-1418 Country USA



03282004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1931030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEFLIN, BRENDA 1824 DELANEY AVE. ORLANDO, FL 32806	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2110 Dawley Ave. City Orlando FL Zip Code 32806	

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.

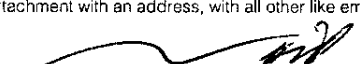
SIGNATURE _____ DATE **3/31/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, NORMAN 250 SHEPPARD AVE E #300 WILLOWDALE,ONT,CANDA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HILL, NORMAN 250 SHEPPARD AVE E #300 WILLOWDALE,ONT,CANDA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE:  **Norman Hill, President** **4-13-04** **416-226-5515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #