

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 622147

1. Entity Name
NORWEGIAN WOOD, INC.



Feb 04, 2008 08:00 AM
Secretary of State

Principal Place of Business
5809 N 50TH STREET
TAMPA FL 33610

Mailing Address
5809 N 50TH STREET
TAMPA FL 33610



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

4. FEI Number
59-1918842

Applied For
Not Applicable

5. Certificate of Status Desired
8.75 Additional Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent
SHEA, ROBERT E
703 3RD AVENUE S.W.
RUSKIN FL 33570

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip Code

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
DATE
NOTE: Registered Agent's signature required when removing agent

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

P
SHEA, ROBERT E
703 3RD AVENUE S.W.
RUSKIN FL 33570

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 info empowered.

SIGNATURE: ROBERT E. SHEA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08 (E13) 626-9669