

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002380

Entity Name: NARMZ INC.

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

405 S. DALE MABRY HWY STE 250  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

405 S. DALE MABRY HWY STE 250  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 26-3206328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CHRM  
Name: NARMOUR, DOUGLAS  
Address: 405 S. DALE MABRY HWY STE 250  
City-St-Zip: TAMPA, FL 33609

Title: PST  
Name: NARMOUR, DOUGLAS  
Address: 405 S. DALE MABRY HWY STE 250  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS NARMOUR

CHRM

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date