

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90010 010 ***150.00

DOCUMENT # F42819 1. Entity Name NORFLEET CONSTRUCTION COMPANY	
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Principal Place of Business 2808 NW SR 45 NEWBERRY FL 32669	Mailing Address 2808 NW SR 45 NEWBERRY FL 32669
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State	City & State	4. FEI Number 59-2208544	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NORFLEET, EDWARD 2808 NW SR 45 NEWBERRY FL 32669	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 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	VCD NORFLEET, EDWARD 2808 NW SR 45 NEWBERRY FL 32669 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD NORFLEET, PHYLLIS 2808 NW SR 45 NEWBERRY FL 32669 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORFLEET, EDWARD III 2808 NW SR 45 NEWBERRY FL 32669 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORFLEET, PAUL W 2808 NW 2R 45 NEWBERRY FL 32669 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: *Edward Norfleet*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06 (352)
354-5110
Date Daytime Phone #

Helping Florida



FLSDU

one family at a time

ATTACHMENT

20046459

#F42819

STATE OF FLORIDA DISBURSEMENT UNIT

P.O. Box 8500, Tallahassee, Florida 32314

Dear Payer:

We are returning the enclosed check(s) for one or more of the following reasons:

- ☐ Payments must be made payable to the FLSDU or the Clerk of the Court. Please prepare a new payment to the correct payee and return to the address listed below.
- ☒ The check was sent to this office in error.
- ☐ The check is defective and cannot be processed because: _____
- ☐ There was not enough information provided to ensure that the payment(s) is posted to the correct account(s). Please note: since there are duplicate case numbers in the state of Florida, you must provide the payer name, social security number, Florida case number and county code or county name. If the check represents payment to multiple cases, this information must be provided for each case. Be sure to include the amount for each case. Once this information has been added to the check, please return it to the address listed below.
- ☐ The check appears to represent payments to multiple accounts. However, the total of the check does not balance to the total payments. Please correct the accounts and/or amounts or issue another check for the total of the payments. Send the corrected information to the address listed below.
- ☐ The check appears to represent payments to multiple accounts. However, there is no amount breakdown provided for each account. Please provide the amount breakdown on the check and return it to the address listed below.
- ☐ The case information provided is for a child support case that has been closed.
- ☐ Sorry, we have tried to contact you by phone, but were not able. Please correct the needed information and return for processing. (see other below)
- ☐ Other _____

Should you need more information about your child support case(s), please contact the Clerk of the Court for the county where your case was filed.

If you have questions concerning your returned Item please contact: June at 1-877-388-0421 or 850-205-8212.

Thank you for your attention to this matter.

Florida State Disbursement Unit
P. O. Box 8500
Tallahassee, FL 32314

(EMP)

NORFLEET CONSTRUCTION
2808 NW STATE RT 45
NEWBERRY, FL 32669-2590

ATTACHMENT

6546
63-1290/631

- Old Check that was
returned to us -

PAY
TO THE
ORDER OF

Florida Dept. of State

DATE

3-13-06

numbers
stamps

\$ 150.00

one hundred & fifty 00/100

DOLLARS

TRI-COUNTY
BANK

25365 W. Newberry Road
Newberry, FL 32669

FOR

Trish Norfleet

Debra,

20090459
#F42819

This is a copy of old check that just
got returned to us. Enclosed is a
copy of new check & form. Thanks so
much for your help & time.

YK
Kristie NorFleet
(353) 354-5114

Check was mailed by
us to correct address
but did not make it to
that address.