FROM : ED AFTUCK PHONE NO. : 386 428 74:

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90516 048 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F65414

1. Entity Name
NORRIS AND EWEN DEVELOPMENT, INC.

Principal Place of Business
PET STOP
2731 S. WOODLAND BLVD.
DELAND, FL 32720

Mailing Address
2810 CONCORD RD.
DELAND, FL 32720

50045303

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04282005 /Chg-P CR2E034 (10/03)

4. FEI Number 59-2172640 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EWEN, ROBERT
2810 CONCORD ROAD
DELAND, FL 32720

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip 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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EWEN, ROBERT C		NAME		
STREET ADDRESS	2810 CONCORD RD		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL		CITY-ST-ZIP		
TITLE	VSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EWEN, ELIZABETH M		NAME		
STREET ADDRESS	2810 CONCORD RD		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______________ 4-28-05 386-738-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #