

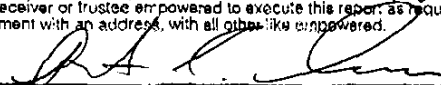
FROM : ED AFTUCK

PHONE NO. : 386 428 741

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2172640	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
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 then applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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 NAME STREET ADDRESS CITY- ST- ZIP	PSTD EWEN, ROBERT C 2810 CONCORD RD DELAND, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSTD EWEN, ELIZABETH M 2810 CONCORD RD DELAND, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
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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 its 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 as changed, or on an attachment with an address, with all other like empowered.			SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

50045303



04282005 /Chg-P CR2E034 (10/03)

 4. FEI Number
 59-2172640

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

FL Zip Code

 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
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

 PSTD
 EWEN, ROBERT C
 2810 CONCORD RD
 DELAND, FL
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

 VSTD
 EWEN, ELIZABETH M
 2810 CONCORD RD
 DELAND, FL
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
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 STREET ADDRESS
 CITY- ST- ZIP
☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05

386-738-4580