

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90470 001 ***158.75

DOCUMENT # G09509

1. Entity Name

NORRIS OF JACKSONVILLE, INC.



Principal Place of Business

**4195 QUAIL DRIVE
SAINT AUGUSTINE FL 32084
US**

Mailing Address

**P.O. BOX 1397
WALLACE NC 28466-3397
US**

40072560



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

4199 QUAIL DRIVE
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FLORIDA
Zip Country

City & State

Zip

Country

4. FEI Number

59-2242329

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NORRIS, MARIE L.
4195 QUAIL DRIVE
SAINT AUGUSTINE FL 32084**

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

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 **PD** ☐ Delete
NAME **NORRIS, KERRY A.**
STREET ADDRESS **4195 QUAIL DRIVE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **STDV** ☐ Delete
NAME **NORRIS, MARIE L.**
STREET ADDRESS **4195 QUAIL DRIVE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **ASSISTANT VICE PRESIDENT** ☐ Delete
NAME **PAUL W. NORRIS**
STREET ADDRESS **P.O. BOX 1397**
CITY-ST-ZIP **WALLACE, NC 28466-3397**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASSISTANT VICE PRESIDENT** ☐ Change ☒ Addition
NAME **PAUL W. NORRIS**
STREET ADDRESS **P.O. Box 1397, 4611 So. 41, HWY**
CITY-ST-ZIP **WALLACE, N.C. 28466**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

Marie L. Norris

SIGNATURE: Marie L. Norris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 31, 2005

Daytime Phone #

(910) 285-4808