# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**May 05, 2008 8:00 am**
**Secretary of State**
05-05-2008 90244 048 ***158.75

DOCUMENT # G09509

1. Entity Name

NORRIS OF JACKSONVILLE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4199 QUAIL DRIVE<br>SAINT AUGUSTINE FL 32084<br>US | P.O. BOX 10944<br>GOLDSBORO NC 27532<br>US |

1st MOORE CR2E034 - (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | 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.
~~4105~~ 4199 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] Address only [signature] April 17, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>NORRIS, KERRY A.<br>4199 QUAIL DR<br>ST. AUGUSTINE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STDV<br>NORRIS, MARIE L.<br>4199 QUAIL DR<br>ST. AUGUSTINE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AVP<br>NORRIS, PAUL W.<br>7601 MONIQUE RD<br>~~WILSON NC 28466~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AVP<br>NORRIS, PAUL W.<br>7601 MONIQUE ROAD<br>LUCAMA, NC 27851 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** MARIE L. NORRIS [signature] April 17 2008 cell (904-347-4849) (252-747-8077)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #