

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G09509

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: NORRIS OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

4199 QUAIL DRIVE  
SAINT AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10944  
GOLDSBORO, NC 27532 US

**New Mailing Address:**

FEI Number: 59-2242329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NORRIS, KERRY A.  
Address: 4199 QUAIL DR  
City-St-Zip: ST. AUGUSTINE, FL

Title: STDV ( ) Delete  
Name: NORRIS, MARIE L.  
Address: 4199 QUAIL DR  
City-St-Zip: ST. AUGUSTINE, FL

Title: AVP ( ) Delete  
Name: PARK, NORRIS W  
Address: 7601 MONIQUE ROAD  
City-St-Zip: LUCAMA, NC 27851

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AVP (X) Change ( ) Addition  
Name: NORRIS, PAUL W  
Address: 7601 MONIQUE ROAD  
City-St-Zip: LUCAMA, NC 27851

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE L NORRIS

STDV

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date