

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90782 014 ***150.00

DOCUMENT # G31619

1. Entity Name

VAN NORMAN & ASSOCIATES, INC.



Principal Place of Business

**4314 N SUNCOAST BLVD
CRYSTAL RIVER FL 34428
US**

Mailing Address

**P.O. BOX 1193
CRYSTAL RIVER FL 34423
US**

2. Principal Place of Business

690 NE. 3rd Ave.

3. Mailing Address

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.

City & State

Crystal River, Florida

City & State

4. FEI Number

59-2397440

Applied For

Not Applicable

Zip

34428

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN NORMAN, IVY
6618 S. BEAGLE DR
HOMOSASSA FL 34446**

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, 2004 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 ☐ Delete
NAME **PT**
STREET ADDRESS **VAN NORMAN, IVY D.**
CITY-ST-ZIP **6618 S. BEAGLE DR
HOMOSASSA FL**

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **CAIN, RUSSELL, E**
CITY-ST-ZIP **2017 OVERVIEW DR.
LECANTO FL**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

352 563 0010
Daytime Phone #