## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2007 8:00 am Secretary of State

ANNUAL REPORT						iy or St		
DOCU  1. Entity Nam  NORGEN	· <del>-</del>				04-13-2007 90	0171 048 ***15	0.00	
Principal Plac	e at Business	Mailing Address	,	7.3	<i>i</i> -			
C/O JAMES W. JOHNSON 50 SOUTH "E" STREET PENSACOLA, FL 32501		C/O JAMES W. JOHNSON 50 SOUTH "E" STREET PENSACOLA, FL 32501			Siin Ben) samı degil bi	EI A18II A18II A18II A18II FIN	a Sishaga in iadi	
Principal Place of Business - No P.O. Box #     Mailing Address			,					
Suite, Apt. #, etc.		Suite, Apt. #, etc		01162007	Chg-P	CR2E034 (12/0	06)	
City & State		City & State		4. FEI Numbe 59-235			Applied For Not Applicable	
Zip	Country	Zip	Country		of Status Desired	Fee Req	Additional uired	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and	Address of New F	Registered Agent		
JOHNSON	I, JAMES W.	•	Name					
50 SOUTH "E" STREET PENSACOLA, FL 32501			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip C	Code	
R Thanks	named entity submits this statement	for the aureese of share "	pointored office to the first	lored part '	h in the Case of C			
	tions of registered agent.	or the purpose of changing its re	agistered office of regist	tered agent, or bot	n, in the State of Fi	onda. Tam anmar v	min, and accept	
SIGNATURE	Signature, lyped or printed name of registered ager	and title if applicable (NOTE: F	Registered Agent signature requi	red when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campaign Trust Fund Contrib		5.00 May Be dded to Fees				
10.	OFFICERS ANI	DIRECTORS	11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECT	ORS IN 11	
THILE "	DP	☐ Delete	TITLE			☐ Chan	ge 🔲 Addition	
NAME	W SEMAL, NOSNHOL		NAME					
STREET ADDRESS	4201 SOUNDSIDE DR		STREET ADDRESS					
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP					
TITLE NAME	DV JOHNSON, NORMA T	☐ Delete	TITLE NAME			Chan	ge 🗌 Addition	
STREET ADDRESS	4201 SOUNDSIDE DR		STREET ADDRESS					
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Chan	ge 🔲 Addition	
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NAME		La Delete	NAME			_ 514.		
STREET ADDRESS CITY-ST-ZIP	( )	$\bigcap$	STREET ADDRESS CITY-ST-ZIP					
12. I hereby indicated of the conchanged	certify that the information supplied will on this report or suppliemental report proration or the receiver of trustee emily, or on an attachment with an address	th this filing does not qualify for is true and accurate and that my powered to execute this eport as with all other like empowered.	the exemptions contain r signature shall have th s required by Chapter 6	ed in Chapter 119 e same legal effec 07, Florida Statute	, Florida Statutes, it as if made under s; and that my nam	I further certify that the cath; that I am an off the appears in Block to	ne information icer or director 0 or Block 11 if	
SIGNAT	TURE / lesents	2 Yr L			4-10-07			
JIGIYAI	SIGNATURE AND TYPED OF	PRINTED HAME OF SIGNING OFFICER OF	ROIRECTOR		Date	Daylime Pho	e f	