


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90398 045 \*\*\*150.00

<b>DOCUMENT # G93360</b>	
1. Entity Name <b>NORMAN GROUP, INC.</b>	

Principal Place of Business <b>615 BAYSHORE DR # 301 PENSACOLA, FL 32507</b>	Mailing Address <b>615 BAYSHORE DR # 301 PENSACOLA, FL 32507</b>
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**24030506**

2. Principal Place of Business <b>10100 HILLVIEW DRIVE</b> Suite, Apt. #, etc. <b>APT. 308</b> City & State <b>PENSACOLA, FL</b> Zip <b>32514</b> Country <b>USA</b>	3. Mailing Address <b>10100 HILLVIEW DRIVE</b> Suite, Apt. #, etc. <b>APT. 308</b> City & State <b>PENSACOLA, FL</b> Zip <b>32514</b> Country <b>USA</b>
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03182004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2411567</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>NORMAN, SUSAN S. 615 BAYSHORE DR # 301 PENSACOLA, FL 32507</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10100 HILLVIEW DRIVE</b> <b>APT. 308</b> City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32514</b>

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**

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	<b>P NORMAN, SUSAN S. 615 BAYSHORE DR # 301 PENSACOLA, FL 32507</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10100 HILLVIEW DRIVE, APT. 308 PENSACOLA, FL 32514</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D NORMAN, JAMES E 1000 WILSON BLVD ARLINGTON, VA 22229</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GRIFFITHS, BRENDA N 3330 NORTH LAKE PARKWAY ATLANTA, GA 30345</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BOLINGER, SUSAN E 147 WRIGHT ST CONCORD, MA 01742</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D NORMAN, GEOFFREY W P O BOX 358 N/A DORSET, VT 05251</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SUSAN S. NORMAN  
S. Norman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**x3-24-04 (850) 476-2049**

Date

Daytime Phone #