

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90010 010 ***150.00

DOCUMENT # G93360

1. Entity Name
NORMAN GROUP, INC.



Principal Place of Business
**10100 HILLVIEW DR.
APT. 308
PENSACOLA, FL 32514**

Mailing Address
**10100 HILLVIEW DR.
APT. 308
PENSACOLA, FL 32514**

DO NOT WRITE IN THIS SPACE

03012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2411567

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NORMAN, SUSAN S.
10100 HILLVIEW DR.
APT. 308
PENSACOLA, FL 32514**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **NORMAN, SUSAN S.**
STREET ADDRESS **10100 HILLVIEW DR., APT. 308**
CITY- ST- ZIP **PENSACOLA, FL 32514**

TITLE **D**
NAME **NORMAN, JAMES E**
STREET ADDRESS **4615 LUXBERRY DR**
CITY- ST- ZIP **FAIRFAX, VA 22032**

TITLE **D**
NAME **GRIFFITHS, BRENDA N**
STREET ADDRESS **3330 NORTH LAKE PARKWAY**
CITY- ST- ZIP **ATLANTA, GA 30345**

TITLE **D**
NAME **BOLINGER, SUSAN E**
STREET ADDRESS **147 WRIGHT ST**
CITY- ST- ZIP **CONCORD, MA 01742**

TITLE **D**
NAME **NORMAN, GEOFFREY W**
STREET ADDRESS **P O BOX 358 N/A**
CITY- ST- ZIP **DORSET, VT 05251**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06
Date

850-476-2049
Daytime Phone #