2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # G93360

1. Entity Name
NORMAN GROUP, INC.

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

DO NOT WRITE IN THIS SPACE

03082008 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	

U00000922317
05/15/08-80039-007 150.00

DO NOT WRITE 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.

SUSAN S. NORMAN

SIGNATURE: X Susan S. Norman X 4-22-08 850-476-2049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #