

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64338

FILED
Mar 10, 2004
Secretary of State

Entity Name: CARLSON, NORRIS AND ASSOCIATES, INC.

Current Principal Place of Business:

1919 COURTNEY DRIVE
STE 14
FT. MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

1919 COURTNEY DRIVE
STE 14
FT. MYERS, FL 33901 US

New Mailing Address:

FEI Number: 59-2557343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, C. WILLIAM
1919 COURTNEY DRIVE, STE 14
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARLSON, C WILLIAM
Address: 1339 MORNENSIDE DR
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: STD () Delete
Name: NORRIS, J. LEE,
Address: 6903 OLD WHISKEY CREEK DRIVE
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARLSON, C WILLIAM
Address: 1339 MORNINGSIDE DR
City-St-Zip: FORT MYERS, FL 33901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. WILLIAM CARLSON

PD

03/10/2004

Electronic Signature of Signing Officer or Director

_____ Date