2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64338

FILED Jan 09, 2007 Secretary of State

Entity Name: CARLSON, NORRIS AND ASSOCITATES, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1919 COURTNEY DRI STE 14 FT. MYERS, FL 33901				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1919 COURTNEY DRI STE 14	VE			
FT. MYERS, FL 33901	US			
El Number: 59-2557343	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
CARLSON, C. WILLIAI 1919 COURTNEY DRI STE. 14 FT MYERS, FL 33901	VE US			
The above named entit n the State of Florida.	ry submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financ	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: CARLSON, C Address: 1339 MORNI	() Delete C WILLIAM INGSIDE DRIVE IS, FL 33901	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: NORRIS, J. I Address: 6903 OLD W	() Delete LEE, /HISKEY CREEK DRIVE SS, FL 33907	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 01/09/2007