

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64338

FILED  
Mar 25, 2012  
Secretary of State

**Entity Name:** CARLSON, NORRIS AND ASSOCITATES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

1919 COURTNEY DRIVE  
STE. 14  
FORT 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  
FORT MYERS, FL 33907 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CARLSON, C. WILLIAM  
Address: 1339 MORNINGSIDE DRIVE  
City-St-Zip: FORT MYERS, FL 33901 US

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

I hereby 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 all other like empowered.

SIGNATURE: C. WILLIAM CARLSON

PD

03/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date