2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90289 049 ***150.00

DOCUMENT # H66161

1. Entity Name
NORMAN-ALEXANDER INVESTMENT PROPERTIES, INC.

Principal Place of Business	Mailing Address
1413 S HOWARD SUITE 214 TAMPA, FL 33629 US	1509 S BAY VILLA PL TAMPA, FL 33629 US

04012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
806 W. Deleon St			
Suite, Apt. #, etc.: Suite 100		Suite, Apt. #, etc.:	
City & State: Tampa, FL		City & State:	
Zip: 33606	Country: USA	Zip:	Country:

4. FEI Number: 59-2567073 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUTSCHKE, PHYLLIS S. 1509 BAY VILLA PL TAMPA, FL 33629	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DUTSCHKE, PHYLLIS S. 1509 BAY VILLA PLACE TAMPA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUTSCHKE, PHYLLIS S. 1509 BAY VILLA PLACE TAMPA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Phyllis S. Dutschke 4/15/05 813-251-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #