

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # H66161

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



Principal Place of Business

806 W DELEON ST
SUITE 100
TAMPA, FL 33606 US

Mailing Address

1509 S BAY VILLA PL
TAMPA, FL 33629 US



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

DUTSCHKE, PHYLLIS S.
1509 BAY VILLA PL
TAMPA, FL 33629

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000908750
05/06/08-80037-025 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
DUTSCHKE, PHYLLIS S.
1509 BAY VILLA PLACE
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUTSCHKE, PHYLLIS S.
1509 BAY VILLA PLACE
TAMPA, FL

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NAME
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CITY-ST-ZIP

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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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08 813-251-4811
Date Daytime Phone #