

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # H76094

1. Entity Name
NORRIS FURNITURE AND INTERIORS, INC.



Principal Place of Business
**14181 S TAMiami TRAIL
FT. MYERS, FL 33912**

Mailing Address
**14181 S TAMiami TRAIL
FT. MYERS, FL 33912**



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2580891

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COOK, LARRY
14831 PARK LAKE DRIVE PH2
FORT MYERS, FL 33919**

30-609000

**DO NOT WRITE
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GRANT, RICK
STREET ADDRESS	1885 TWIN PONDS DR
CITY-ST-ZIP	HICKORY, NC 28602
TITLE	PD
NAME	HENDRICKS, LARRY G
STREET ADDRESS	1094 14TH AVE DRIVE NW
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	V
NAME	INFELD, JUDITH
STREET ADDRESS	4790 S. CLEVELAND AVE., #1106
CITY-ST-ZIP	FT. MYERS, FL 33907
TITLE	STD
NAME	HENDRICKS, JANE
STREET ADDRESS	1094 14TH AVENUE DRIVE NW
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	V
NAME	MARGARETTE, DENNIS
STREET ADDRESS	5332 GRAND CYPRESS CIRCLE, #103
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000277276
03/26/05-80022-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry G. Hendricks **3-24-05** **828-345-5250**