

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H76094

FILED
Jul 06, 2006
Secretary of State

Entity Name: NORRIS FURNITURE AND INTERIORS, INC.

Current Principal Place of Business:

14181 S TAMIAMI TRAIL
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

14181 S TAMIAMI TRAIL
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 59-2580891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GRANT, RICK
Address: 1885 TWIN PONDS DR
City-St-Zip: HICKORY, NC 28602

Title: PD () Delete
Name: HENDRICKS, LARRY G
Address: 1094 14TH AVE DRIVE NW
City-St-Zip: HICKORY, NC 28601

Title: V () Delete
Name: INFIELD, JUDITH
Address: 4790 S. CLEVELAND AVE., #1106
City-St-Zip: FT. MYERS, FL 33907

Title: STD () Delete
Name: HENDRICKS, JANE
Address: 1094 14TH AVENUE DRIVE NW
City-St-Zip: HICKORY, NC 28601

Title: V () Delete
Name: MARGARETTE, DENNIS
Address: 5332 GRAND CYPRESS CIRCLE, #103
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: DENNIS, MARGARETTE
Address: 5332 GRAND CYPRESS CIRCLE, #103
City-St-Zip: NAPLES, FL 34109

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: LARRY G. HENDRICKS

PD

07/06/2006

Electronic Signature of Signing Officer or Director

Date