2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 01, 2005 08:00 AM Secretary of State DOCUMENT # H92555 1. Entity Name NORVILLE REALTY, INC. Principal Place of Business Mailing Address 1938 HAMILTON ST. JACKSONVILLE FL 32210 1938 HAMILTON ST. JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2621028 Not Applicable Country Zip Country Ziρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMB, PAULA N. Street Address (P.O. Box Number is Not Acceptable) 3812 RICHMOND ST JACKSONVILLE FL 32205 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 Signature, typed or printed rame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS TITLE ☐ Delete DICE Change Addition U00000284222 04/01/05-80058-014 150.08 NAME NORVILLE, LEE B. NAME STREET ADDRESS STREET ADDRESS 4628 IVANHOE RD. JACKSONVILLE FL CITY - ST - ZIP CITY-ST-ZIE TITLE ☐ Delete THLE Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete DUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HILE Delete 100.8 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-S1-ZIP ☐ Change Addition TITLE Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE

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 exempte this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to exechanged, or on an attachment with at readdress, with all other life. Lee B. Norville

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED