

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90007 021 ***150.00

DOCUMENT # J08479 1. Entity Name NORRIS & JOHNSON, P.A.					
Principal Place of Business 253 NW MAIN BLVD LAKE CITY, FL 32055 US			Mailing Address 253 NW MAIN BLVD LAKE CITY, FL 32055 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2676427				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		
NORRIS, JOHN E. 253 NW MAIN BLVD LAKE CITY, FL 32055			Name GUY W. NORRIS Street Address (P.O. Box Number is Not Acceptable) 253 NW MAIN BLVD. City LAKE CITY FL Zip Code 32055		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	VPO- NORRIS, GUY W ☐ Delete 253 NW MAIN BLVD LAKE CITY, FL 32055		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOBERLEIN, FREDERICK L. ☒ Delete 253 NW MAIN BLVD LAKE CITY, FL 32055		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NORRIS, JOHN E ☐ Delete 253 NW MAIN BLVD LAKE CITY, FL 32055		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-20-04 Daytime Phone # 386-752-7240		