

Apr 05, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT# J93039 1. Entity Name NORFIELD, INC.	
--	---

Principal Place of Business 7301-A W PALMETTO PARK RD., STE 305-C BOCA RATON, FL 33433 US	Mailing Address 7301-A W PALMETTO PARK RD., STE 305-C BOCA RATON, FL 33433 US
---	---



03192004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

A. FEI Number 65-0009627	Applied For Not Applicable
5. Certificate Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCARRETTA, EDMUND C
7301-A W PALMETTO PARK RD., STE 305-C
BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity has submitted 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 the registered agent.

SIGNATURE _____ DATE _____
Signature of person named registered agent (if applicable) (If not a registered agent, signature is required of someone acting as agent)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

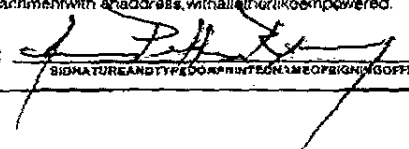
9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO RONNING, JEMSP 7301-A W PALMETTO PARK RD., STE 305-C BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000103903
04/05/04-80075-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 a manager or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, or that my name appears in Block 10 or Block 11 if changed, or in an attachment with an address, with all the like empowered.

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

Date: MARCH 2004 Day and Month