

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K13213

FILED  
Feb 01, 2004  
Secretary of State

**Entity Name:** NORMAN ALBERT ENTERPRISES, INC.

**Current Principal Place of Business:**

20560 SW 92ND LANE  
DUNELLON, FL 34431 US

**New Principal Place of Business:**

**Current Mailing Address:**

20560 SW 92ND LANE  
DUNNELLON, FL 34431 US

**New Mailing Address:**

FEI Number: 65-0033224      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALBERT, NORMAN  
20560 SW 92ND LANE  
DUNNELLON, FL 34431 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: DPVT ( ) Delete  
Name: ALBERT, NORMAN,  
Address: 20560 SW 92ND LANE  
City-St-Zip: DUNNELLON, FL 34431

Title: SD (X) Delete  
Name: ALBERT, EMINETH  
Address: 20560 SW 92ND LANE  
City-St-Zip: DUNNELLON, FL 34431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P,VP (X) Change ( ) Addition  
Name: ALBERT, NORMAN,  
Address: 20560 SW 92ND LANE  
City-St-Zip: DUNNELLON, FL 34431

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NORMAN ALBERT

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

02/01/2004

\_\_\_\_\_ Date