## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L61786

FECKO, PATRÍCIA

1317 WHITE BIRCH LANE

CARLISLE, PA 17013

Name:

Address:

City-St-Zip:

Entity Name: NOR-MINERAL OF FLORIDA, INC.

FILED Jan 04, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 19 WHISPERING SANDS DR #1205 SARASOTA, FL 34242 **New Mailing Address: Current Mailing Address:** 3 LATCHGATE LANE MECHANICSBURG, PA 17050 US FEI Number: 58-1891956 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRUIDENIER, JEANNIE 19 WHISPERING SANDS DR #1205 SARASOTA, FL 34242 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition FECKO, JOHN S Name: Name: 19 WHISPERING SANDS DR #1205 Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: FECKO, JUNE E Name: 1143 LINN DRIVE Address: Address: City-St-Zip: CARLISLE, PA City-St-Zip: ( ) Delete Title: Title: () Change () Addition KRUIDENIER, JEANNIE Name: Name: 3 LATCHGATE LANE Address: Address: City-St-Zip: MECHANICSBURG, PA 17050 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JEANNIE KRUIDENIER SECR 01/04/2005