

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007746

FILED
Apr 11, 2006
Secretary of State

Entity Name: FLORIDA NORML, INC.

Current Principal Place of Business:

703 NORTH MAIN STREET
SUITE A
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

703 NORTH MAIN STREET
SUITE A
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3750773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELDON, JEFFREY L
703 NORTH MAIN STREET
SUITE A
GAINESVILLE, FL 32601 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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MELDON, JEFFREY
Address: P.O.BOX 65
City-St-Zip: GAINESVILLE, FL 32602

Title: PD () Delete
Name: TURNAGE, ALLAN
Address: P.O.BOX 1050
City-St-Zip: TALLAHASSEE, FL 32302

Title: T () Delete
Name: O'CONNER, KIM
Address: P.O. BOX 20332
City-St-Zip: TALLAHASSEE, FL 32316

Title: TD () Delete
Name: LEASE, ANDREW
Address: 590 MELAALEUCA LN
City-St-Zip: MIAMI, FL 33137

Title: S () Delete
Name: BRADFORD, RICHARD
Address: 1807 DAX CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: TINER, MIKE
Address: 3228 VISHAAL DR
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY L. MELDON

VD

04/11/2006

Electronic Signature of Signing Officer or Director

Date