2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 11, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P00000052 NORRELL, P.A.			03-11-2005 90317 032 ***155.00			
Principal Plac	e of Business	Mailing Address					-,·
403 PINEWOOD LAKE D R VENICE, FL 34292		PO BOX 1520 Venice, FL 34284		50025019			
							
2. Principal Place of Business 1295 TUSCANY Blud. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			1520			# 88181 WILL ILUI BHBIL KBBI E	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	FL	03022005	Chg-P	CR2E034 (10/03)	
City & Stat	que, FL	City & State	-1-1	4. FEI Numbe			pplied For
Zip	Country	Zip	Country	65-1021		\$0.75 A	ot Applicable
-3.42		34284	USA		of Status Desired	Fee Require	
	6. Name and Address of Current F	registered Agent	Name	7. Name and	Address of New R	legistered Agent	
NORRELL, CHARLES 1295 TUSCARY BLVD. VENICE, FL 34292				Street Address (P.O. Box Number is Not Acceptable)			
			Cily			FL Zip Coo	de
the obligat SIGNATURE	named entity submits this statement for itions of registered agent. Signature, typed or printed name of registered agent agen	of title if apolicable: (NOTE:	Registered Agent signature requi	red when reinstating) 5.00 May Be	n, in the State of Flo	orida. I am familiar with	
	ay 1, 2005 Fee will be \$550.0		oution, \Box A	dded to Fees			
10.	OFFICERS AND D		11.	ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR	
NAME STREET ADDRESS CITY-ST-ZIP	NORRELL, CHARLES 1295 TUSCANY BLVD. VENICE, FL 34292	☐ 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	THLE NAME STREET ADDRESS CITY-S1-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	certify that the information supplied with on this report or supplemental report is	Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	☐ Addition

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 DIRECTO

03/02/05

Daytme Phone #