

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2007 8:00 am**  
**Secretary of State**

07-25-2007 90046 033 \*\*\*150.00

**DOCUMENT # P00000061376**

1. Entity Name  
**NORMANDY PIZZA, INC.**



Principal Place of Business  
**8257 #8 NORMANDY BLVD  
JACKSONVILLE, FL 32221**

Mailing Address  
**PO BOX 30115  
DOCTORS INLET, FL 32030**

**DO NOT WRITE IN THIS SPACE**



02102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3666205**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHEAR, ROBERT L ESQ  
2790 SUNSET POINT ROAD  
CLEARWATER, FL 33759**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
**PD  
GERMAIN, GERALD  
1703 PELICAN PLACE  
MIDDLEBURG, FL 32068**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
TYLER, FOSTER  
8257 NORMANDY BLVD. #8  
JACKSONVILLE, FL 32221**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Gerry Seaman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/21/07* *904-219-0626*  
Date Daytime Phone #

ATTACHMENT

40127068  
#P00000661376

This was filed  
on 4/27/07. I  
have called the  
bank but the  
check was never  
cleared — Thank  
you