

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90003 025 ***150.00

DOCUMENT # P01000001757

1. Entity Name

A & F NORRIS TRANSPORTATION COMPANY, INC.



Principal Place of Business

**717 NW 6TH AVE.
OCALA, FL 34475**

Mailing Address

**POST OFFICE BOX 1371
OCALA, FL 34478**

54071025



08262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3605156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAWSON, GWENDOLYN B
10300 N.W. 125TH ST.
REDDICK, FL 32686**

**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 \$550.00
Due by September 8, 2004**

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
**PVPS
NORRIS, ALBERT E
717 NW 6TH AVE.
OCALA, FL 34475**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
NORRIS, ALBERT E
717 NW 6TH AVE.
OCALA, FL 34475**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**I did not receive
the form @ my**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**address, so had
to print out from**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Internet. I tried to
file on line, but**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**could not. I have
enclosed \$150 for
extenuating circumstances**

**DO NOT WRITE
IN THIS SPACE**

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

Albert E Norris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/04 352-208-2829

Date

Daytime Phone #