

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047463

Entity Name: NORMAN WOOD, INC.

FILED  
Feb 02, 2009  
Secretary of State

**Current Principal Place of Business:**

545 MASON AVE.  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

545 MASON AVE.  
DAYTONA BEACH, FL 32117

**New Mailing Address:**

FEI Number: 59-3719352

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLORIDA STATE ACCOUNTING, INC.  
725 W GRANODA BLVD UNIT 30  
ORMOND BEACH, FL 32174 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WOOD, NORMAN  
Address: 545 MASON AVE.  
City-St-Zip: DAYTONA BEACH, FL 32117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN WOOD

PRES

02/02/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date