


**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000026814

1. Entity Name

NARRA, INC.



Principal Place of Business

8282 WESTERN WAY CIRCLE  
JACKSONVILLE FL 32256

Mailing Address

8282 WESTERN WAY CIRCLE  
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0630168

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E034 (10/05)

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, IRENE  
757 FOX HOUND DRIVE E  
PORT ORANGE FL 32128

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

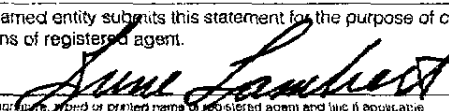
City

FL

Zip Code

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



2/20/06

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

D

NAME

LAMBERT, IRENE

STREET ADDRESS

757 FOX HOUND DRIVE

CITY-ST-ZIP

PORT ORANGE FL 32128

☐

Delete

TITLE

D

NAME

LAMBERT, JERRY

STREET ADDRESS

757 FOX HOUND DRIVE

CITY-ST-ZIP

PORT ORANGE FL 32128

☐

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐

Delete

U000000444685

03/07/06-80011-015 150.00

☐

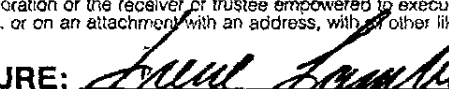
Change

☐

Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or other like empowered.

SIGNATURE



2/20/06

DATE