

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000097123  
 1. Entity Name  
 ROBERT J. NORRIS CONSTRUCTION, INC.



Principal Place of Business: 1070 CR 439 LAKE PANASOFFKEE, FL 33538  
 Mailing Address: PO BOX 187 LAKE PANASOFFKEE, FL 33538



07212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: NOT APPLICABLE  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 NORRIS, ROBERT J  
 1070 CR 439  
 LAKE PANASOFFKEE, FL 33538

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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	PRES NORRIS, ROBERT J PRESIDE 1070CR439 LAKE PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP NORRIS, CHRIS STVP 1070CR439 LAKE PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORRIS, GARRETT T VP 1070CR439 LAKE PANASOFFKEE, FL 33538
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 07/28/05-80001-004 550.00

**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: *Robert J. Norris* 7/25/05 352-793-2960  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #