

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127279

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: NORMAN'S COUNTRY MARKET INC.

## Current Principal Place of Business:

211 SOUTH TEMPLE AVENUE  
STARLO, FL 32058

## New Principal Place of Business:

211 SOUTH TEMPLE AVENUE  
STARKE, FL 32058 US

## Current Mailing Address:

211 SOUTH TEMPLE AVENUE  
STARLO, FL 32058

## New Mailing Address:

211 SOUTH TEMPLE AVENUE  
STARKE, FL 32058 US

FEI Number: 14-1863071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLAYTON, NORMAN  
211 SOUTH TEMPLE AVENUE  
STARKE, FL 32091 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: ST ( ) Delete  
Name: NORMAN, LAUREL  
Address: 22151 NW 61ST AVE  
City-St-Zip: LAWTEY, FL 32058

Title: P ( ) Delete  
Name: NORMAN, CLAYTON  
Address: 22151 NW 161ST AVE  
City-St-Zip: LAWTEY, FL 32058

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CLAYTON NORMAN

OWNE

04/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date