2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000011963

1. Entity Name

NORRIS MANAGEMENT SERVICES, INC.



FILED Mar 10, 2008 08:00 A Secretary of State

Principal Place of Business

9304 U.S. 41 NORTH PALMETTO, FL 34221

Mailing Address

9304 U.S. 41 NORTH PALMETTO, FL 34221



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				02202008	8 No Chg-P	CR2E034 (11/05)
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4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, ANDREW B ESQ. 150 NORTH COMMERCE AVENUE SEBRING, FL 33870 DO NOT WRITE
IN THIS SPACE

	named entity submits this statement for the points of registered agent.	urpose of changing its regist	ered office or	registered agent, or both	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or profiled name of registered agent and title if	applicable. (NOTE. Regis;	tered Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 M Trust Fund Contribution. Added to F		\$5.00 May Be Added to Fees	1 ' , , ,
10.	OFFICERS AND DIREC	TORS	T	· · · · · · · · · · · · · · · · · · ·	
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NAME	NORRIS, JANICE E		'	,	
STREET ADDRESS	9304 US 41 NORTH				J000006852888
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP

BINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-6-08

141-122-3340 Dayline Phone #