

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90313 024 ***150.00

DOCUMENT # P03000029091

1. Entity Name

J NORWICK CONSTRUCTION, INC.



Principal Place of Business

6301 SEAFORD DR
HOLIDAY FL 34690

Mailing Address

6301 SEAFORD DR
HOLIDAY FL 34690

2. Principal Place of Business

2750 N. McMullen Booth Rd.

Suite, Apt. #, etc.

Suite 102C

3. Mailing Address

P.O. Box 6504

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Clearwater, Florida

City & State

Clearwater, FL

4. FEI Number

371460279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33761

Country

U.S.

Zip

33758

Country

U.S.

6. Name and Address of Current Registered Agent

NORWICK, JOSEPH G
6301 SEAFORD DR
HOLIDAY FL 34690

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

Signature, typed or printed name of registered agent and title if applicable

Joseph Norwick, President

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE DPT ☐ Delete
NAME NORWICK, JOSEPH G
STREET ADDRESS 6301 SEAFORD DR
CITY-ST-ZIP HOLIDAY FL 34690

TITLE V ☐ Delete
NAME NORWICK, JAMES A
STREET ADDRESS 1478 FAIRMONT ST
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joseph Norwick

3/22/04

707-243-9209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #