

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90269 047 \*\*\*150.00

**DOCUMENT # P03000051271**

1. Entity Name

NORM'S TRUCKING CO., INC.



Principal Place of Business

Mailing Address

11 RIVIERA DRIVE  
PALM COAST FL 32164  
US

11 RIVIERA DRIVE  
PALM COAST FL 32164  
US

**34043354**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

11 RIVIERA DRIVE

PO Box 351802

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Coast FL

Palm Coast FL

Zip  
32164

Country  
Flagler

Zip  
32135

Country  
Flagler

4. FEI Number

05-0567988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEISKOPF, NORMAN K  
11 RIVIERA DRIVE  
PALM COAST FL 32164

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME WEISKOPF, NORMAN K  
STREET ADDRESS 11 RIVIERA DRIVE  
CITY-ST-ZIP PALM COAST FL 32164

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

TITLE T ☐ Delete  
NAME WEISKOPF, NORMAN K  
STREET ADDRESS 11 RIVIERA DRIVE  
CITY-ST-ZIP PALM COAST FL 32164

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*K Weiskopf* Norman K Weiskopf 4-28-04 386 4375703