


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

5.

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90179 043 \*\*\*150.00

<b>DOCUMENT # P03000079617</b>	
1. Entity Name <b>NORMAN TRUCKING, INC.</b>	

Principal Place of Business <b>22239 NW 61ST AVE LAWTEY, FL 32058 US</b>	Mailing Address <b>22239 NW 61ST AVE LAWTEY, FL 32058 US</b>
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**66021229**



04282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-5489476</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>NORMAN, SHARON R PRES 22239 NW 61ST AVE LAWTEY, FL 32058</b>
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**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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

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	P NORMAN, SHARON H 22239 NW 61ST AVE LAWTEY, FL 32058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORMAN, LEON M JR. 22239 NW 61ST AVE LAWTEY, FL 32058
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**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 507, 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: Sharon Norman 6/1/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #