

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136353

Entity Name: NORRIS MECHANICAL, INC.

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

1415 GREENBRIAR PARKWAY  
GULF BREEZE, FL 32563

## New Principal Place of Business:

9447 HWY 87 SOUTH  
MILTON, FL 32583

## Current Mailing Address:

1415 GREENBRIAR PARKWAY  
GULF BREEZE, FL 32563

## New Mailing Address:

9447 HWY 87 SOUTH  
MILTON, FL 32583

FEI Number: 41-2120582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NORRIS, A.D.  
1415 GREENBRIAR PARKWAY  
GULF BREEZE, FL 32563 US

## Name and Address of New Registered Agent:

NORRIS, A.D.  
9447 HWY 87 SOUTH  
MILTON, FL 32583 US

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:

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: NORRIS, A.D.  
Address: 1415 GREENBRIAR PARKWAY  
City-St-Zip: GULF BREEZE, FL 32563

Title: VP ( ) Delete  
Name: NORRIS, DONALD D  
Address: 1415 GREENBRIAR PARKWAY  
City-St-Zip: GULF BREEZE, FL 32563

Title: VP ( ) Delete  
Name: NORRIS, STUART D  
Address: 1415 GREENBRIAR PARKWAY  
City-St-Zip: GULF BREEZE, FL 32563

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: NORRIS, A.D.  
Address: 9447 HWY 87 SOUTH  
City-St-Zip: MILTON, FL 32563

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 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 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: A. D. NORRIS

DP

04/27/2005

Electronic Signature of Signing Officer or Director

Date