

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P03000142275

1. Entity Name  
SHELDON NORRIS CARPENTRY, INC.



Principal Place of Business  
2903 SAXON BLVD  
NEW SMYRNA BEACH, FL 32169 US

Mailing Address  
2903 SAXON BLVD  
NEW SMYRNA BEACH, FL 32169 US

FILED  
Apr 25, 2005 08:00 AM  
Secretary of State



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
30-0221132

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NORRIS, SHELDON  
2903 SAXON BLVD  
NEW SMYRNA BEACH, FL 32169

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

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, 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  
PST  
NORRIS, SHELDON  
2903 SAXON BLVD  
NEW SMYRNA BCH, FL 32169

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000328213  
04/25/05-80069-010 158.75

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 19.07(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:

*Sheldon Norris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05 386-852-270  
Date Daytime Phone #