

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151116

FILED
Apr 30, 2008
Secretary of State

Entity Name: A NORMAN FENCE COMPANY, INC.

Current Principal Place of Business:

9240 LEM TURNER RD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

9240 LEM TURNER RD
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 13-4279076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, DEBORAH
1710 CAMPUS ST
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

NORMAN, DEBORAH
9462 DEVONSHIRE BLVD
JACKSONVILLE, FL 32208 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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NORMAN, WAYNE A SR
Address: 1710 CAMPUS ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: V () Delete
Name: NORMAN, DEBORAH
Address: 1710 CAMPUS ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: NORMAN, WAYNE JR
Address: 1710 CAMPUS ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: NORMAN, BETTY
Address: 9240 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NORMAN, WAYNE A SR
Address: 9462 DEVONSHIRE BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: V (X) Change () Addition
Name: NORMAN, DEBORAH
Address: 9462 DEVONSHIRE BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: T (X) Change () Addition
Name: NORMAN, WAYNE JR
Address: 9462 DEVONSHIRE BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: S (X) Change () Addition
Name: NORMAN, BETTY
Address: 9240 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DEBORAH NORMAN

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date