

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1072

DOCUMENT # P04000050660		
1. Entity Name NORMCO, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG -6 PM 4:22



Principal Place of Business 5800 BEACH BOULEVARD #203-179 JACKSONVILLE FL 32207	Mailing Address PO BOX 16228 JACKSONVILLE FL 32245
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 13-4255320		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	
NORMAN, ROBERT SCOTT 5800 BEACH BOULEVARD #203-179 JACKSONVILLE FL 32207		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

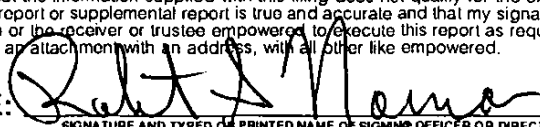
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOT: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORMAN, ROBERT SCOTT 5800 BEACH BOULEVARD #203-179 JACKSONVILLE FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	vice president Robert norman SR 5800 Beach Blvd #203 Jacksonville, FL 32207 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100108027581 08/14/07--01016--006 **150.00 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  4/25/07 904-477-7477

2 of 2

called today

7/5/07

Annual Report mail in
but no cheer: may 23, 07

note del not get

Bob Noman

904-477-7477

mail

P.O. Box 16228

JAX, FL 32245