

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000054329

Entity Name: NORMAN R. PROULX, PA

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

100 BLUFF VIEW DRIVE  
#608-A  
BELLEAIR BLUFFS, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

100 BLUFF VIEW DRIVE  
#608-A  
BELLEAIR BLUFFS, FL 33770

**New Mailing Address:**

FEI Number: 20-0924117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROULX, NORMAN R  
100 BLUFF VIEW DRIVE  
#608  
BELLEAIR BLUFFS, FL 33770 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PROULX, NORMAN R  
Address: 100 BLUFF VIEW DRIVE #608  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

I hereby 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 all other like empowered.

SIGNATURE: NORMAN R PROULX

D

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date