

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90056 013 \*\*\*158.75

**DOCUMENT # P04000117326**

1. Entity Name  
**NORWOOD CONTRACTING SERVICES INC.**



Principal Place of Business  
**1642 8TH ST SOUTH  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**1642 8TH ST SOUTH  
JACKSONVILLE BEACH, FL 32250**

**50030288**



2. Principal Place of Business  
**1642 8th St South**

3. Mailing Address  
**1642 8th St South**

03162005 Chg-P CR2E034 (10/03)

City & State  
**Jacksonville Beach, FL**  
Zip  
**32250**  
Country  
**DUGAL**

City & State  
**Jacksonville Beach, FL**  
Zip  
**32250**  
Country  
**DUGAL**

4. FEI Number  
**25-3167554**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NORWOOD, SEAN E  
1642 8TH ST SOUTH  
JACKSONVILLE BEACH, FL 32250**

7. Name and Address of New Registered Agent  
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 **Sean E Norwood President Sean E Norwood**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**3/21/5**  
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  
**P  
NORWOOD, SEAN E  
1642 8TH ST SOUTH  
JACKSONVILLE BEACH, FL 32250** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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 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: **Sean E Norwood President Sean E Norwood** **3/21/5** **(904) 449-8680**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #