

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172623

FILED
Feb 24, 2007
Secretary of State

Entity Name: L. E. NORMAN ENTERPRISES, INC.

Current Principal Place of Business:

15 PARADISE PLAZA #234
SARASOTA, FL 34239

New Principal Place of Business:

15 PARADISE PLAZA
#234
SARASOTA, FL 34239

Current Mailing Address:

15 PARADISE PLAZA #234
SARASOTA, FL 34239

New Mailing Address:

15 PARADISE PLAZA
#234
SARASOTA, FL 34239

FEI Number: 14-1919729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, LOIS E PRES.
52 RILEY RD.
STE. 130
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

NORMAN, LOIS E PRES.
15 PARADISE PLAZA
#234
SARASOTA, FL 34239 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: _____

Electronic Signature of Registered Agent

02/24/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NORMAN, LOIS E PRES.
Address: 52 RILEY RD., STE. 130
City-St-Zip: CELEBRATION, FL 34747

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: NORMAN, LOIS E P/T
Address: 15 PARADISE PLAZA #234
City-St-Zip: SARASOTA, FL 34239

Title: VP/S () Change (X) Addition
Name: MCMILLAN, JULIETTE K VP/S
Address: 15 PARADISE PLAZA #234
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the 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: LOIS NORMAN

Electronic Signature of Signing Officer or Director

P/T

02/24/2007

Date