

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172623

FILED  
Apr 30, 2008  
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:

4644 SAWYER RD.  
SARASOTA, FL 34233

## Current Mailing Address:

15 PARADISE PLAZA  
#234  
SARASOTA, FL 34239

## New Mailing Address:

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.  
15 PARADISE PLAZA  
#234  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

NORMAN, LOIS E PRES.  
4644 SAWYER RD.  
SARASOTA, FL 34233 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: LOIS NORMAN

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition  
Name: NORMAN, LOIS E P/T  
Address: 4644 SAWYER RD.  
City-St-Zip: SARASOTA, FL 34233 US

Title: VP/S (X) Change ( ) Addition  
Name: MCMILLAN, JULIETTE K VP/S  
Address: 4644 SAWYER RD.  
City-St-Zip: SARASOTA, FL 34233 US

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: LOIS NORMAN

P/T

04/30/2008

Electronic Signature of Signing Officer or Director

Date