

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 01, 2008
Secretary of State**

DOCUMENT# P04000172623

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

Current Principal Place of Business:

4644 SAWYER RD.
SARASOTA, FL 34233

New Principal Place of Business:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

PRES

10/01/2008

Electronic Signature of Signing Officer or Director

Date