


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000018986	
1. Entity Name JUSTIN NORRIS ENTERPRISE INC.	

Principal Place of Business 11730 HWY 92 LOT 10 SEFFNER, FL 33584 US	Mailing Address 11730 HWY 92 LOT 10 SEFFNER, FL 33584 US
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DO NOT WRITE IN THIS SPACE



04292007 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0109193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NORRIS, JUSTIN 11730 HWY 92 LOT 10 SEFFNER, FL 33584
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORRIS, JUSTIN 11730 HWY 92, LOT 10 SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORRIS, JUSTIN 11730 HWY 92, LOT 10 SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORRIS, JUSTIN 11730 HWY 92, LOT 10 SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORRIS, JUSTIN 11730 HWY 92, LOT 10 SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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05/22/07-80070-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Justin Norris 4/26/07 813-995-8533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #