

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073219

Entity Name: T. NORMAN TRUCKING, INC.

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

6106 EDDIE NORMAN RD
MAXVILLE, FL 32234

New Principal Place of Business:

6106 EDDIE NORMAN RD
JACKSONVILLE, FL 32234

Current Mailing Address:

P O BOX 1851
MIDDLEBURG, FL 320501851

New Mailing Address:

6106 EDDIE NORMAN RD
JACKSONVILLE, FL 32234

FEI Number: 26-0440316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAINE, PAUL F
9011 MCCCELLAND RD
JACKSONVILLE, FL 32234 US

Name and Address of New Registered Agent:

NORMAN, MICHAEL T
6106 EDDIE NORMAN RD
JACKSONVILLE, FL 32234 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: MICHAEL TRAVIS NORMAN

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NORMAN, MICHAEL T
Address: P O BOX 1851
City-St-Zip: MIDDLEBURG, FL 320501851

Title: D () Delete
Name: PAINE, PAUL F
Address: 9011 MCCCELLAND RD
City-St-Zip: MAXVILLE, FL 32234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NORMAN, MICHAEL T
Address: 6106 EDDIE NORMAN RD
City-St-Zip: JACKSONVILLE, FL 32234

Title: P (X) Change () Addition
Name: PAINE, PAUL F
Address: 9011 MCCCELLAND RD
City-St-Zip: MAXVILLE, FL 32234

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: MICHAEL TRAVIS NORMAN

D

03/10/2009

Electronic Signature of Signing Officer or Director

Date