


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90280 001 ***150.00

DOCUMENT # P93000020718 1. Entity Name SHEILA D. NORMAN, P.A.																											
Principal Place of Business 115 NORTH MACDILL AVE. TAMPA, FL 33609		Mailing Address 115 NORTH MACDILL AVE. TAMPA, FL 33609																									
2. Principal Place of Business 1905 W. KENNEDY BLVD Suite, Apt. #, etc.		3. Mailing Address 1905 W. KENNEDY BLVD Suite, Apt. #, etc.																									
City & State TAMPA FL		City & State TAMPA FL																									
Zip 33606		Zip 33606																									
Country HILLSBOROUGH		Country HILLSBOROUGH																									
4. FEI Number 59-3168431		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent NORMAN, SHEILA D 115 NORTH MACDILL AVE. TAMPA, FL 33609		7. Name and Address of New Registered Agent Name SHEILA D NORMAN Street Address (P.O. Box Number is Not Acceptable) 1905 W. KENNEDY BLVD City TAMPA FL Zip Code 33606																									
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 <u><i>Sheila D. Norman</i></u> DATE <u>4-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Sheila D. Norman</i></u> DATE <u>4-21-05</u> DAYTIME PHONE # <u>813-251-6666</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											