


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90356 003 \*\*\*150.00

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # P93000020718</b><br>1. Entity Name<br>NORMAN AND BULLINGTON, P.A.  |  |    |   |
| Principal Place of Business<br>1905 W. KENNEDY BLVD<br>TAMPA, FL 33606   |  | Mailing Address<br>1905 W. KENNEDY BLVD<br>TAMPA, FL 33606  |   |
| 2. Principal Place of Business<br>Suite Apt # etc  |  | 3. Mailing Address<br>Suite Apt # etc   |   |
| City & State   |  | City & State  |   |
| 4. FEI Number<br>59-3168431  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate or Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><br>NORMAN, SHEILA D<br>1905 W. KENNEDY BLVD.<br>TAMPA, FL 33606  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |   |
| 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 _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>   |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete<br>NORMAN, SHEILA D<br>115 NORTH MAGBILL AVE 1905 W. KENNEDY BLVD<br>TAMPA, FL 33609 33606 | NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 if at my name appears in Block 10 or Block 11 it changed, or on an attachment with my address, with all other like empowered |  |   |   |
| SIGNATURE: <u><i>Sheila D. Norman</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   |

40042011



03302006 Chg-P CR2E034 (11/05)