

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90382 014 ***150.00

DOCUMENT # P95000001737

1. Entity Name
NORRIS INSURANCE GROUP, INC.



Principal Place of Business 10695 BEACH BOULEVARD #106 JACKSONVILLE, FL 32246 US	Mailing Address 10695 BEACH BOULEVARD #106 JACKSONVILLE, FL 32246 US
--	--

2. Principal Place of Business 11749 Seaview DR Suite, Apt. #, etc.	3. Mailing Address 11749 Seaview DR Suite, Apt. #, etc.
---	---

City & State Jacksonville FL	City & State Jacksonville, FL
Zip 32225	Country DUVAL

04112006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3281271	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**NORRIS, REGINALD A III
10695 BEACH BOULEVARD
#106
JACKSONVILLE, FL 32246**

7. Name and Address of New Registered Agent
Name **NORRIS, Reginald A JR**
Street Address (P.O. Box Number is Not Acceptable)
1917 HOLLY OAKS LAKE ROAD EAST
City **JACKSONVILLE** FL Zip Code **32225**

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 *Reginald A. Norris Jr* DATE 4-12-06
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORRIS, REGINALD A III <input checked="" type="checkbox"/> Delete 11749 SEAVIEW DR JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, VICKI H <input type="checkbox"/> Delete 11749 SEAVIEW DR JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORRIS, Reginald JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1917 HOLLY OAKS LAKE ROAD EAST JACKSONVILLE, FL 322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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: *Reginald A. Norris Jr* DATE 4-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR