

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000001737

1. Entity Name  
NORRIS INSURANCE GROUP, INC.



**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
11749 SEAVIEW DR  
JACKSONVILLE, FL 32225 US

Mailing Address  
11749 SEAVIEW DR  
JACKSONVILLE, FL 32225 US



02062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3281271

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NORRIS, VICKI H  
11749 SEAVIEW DRIVE  
JACKSONVILLE, FL 32225

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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, VICKI H  
11749 SEAVIEW DR  
JACKSONVILLE, FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: *Vicki H. Norris*

Vicki H. Norris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/08  
Date

904 620 801  
Daytime Phone