2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 20, 2006 08:00 AM DOCUMENT # P95000027748 **Secretary of State** 1. Entity Name NORFLEET ENTERPRISES INC. Principal Place of Business Mailing Address POST OFFICE BOX 317 18819 JEBERT DRIVE ARIPEKA FL 34679 ARIPEKA FL 34679 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 59-3308486 Not Applicat Country Zìo Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NORFLEET, JAMES H Street Address (P.O. Box Number is Not Acceptable) 18819 JEBERT DRIVE ARIPEKA FL 34679 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of the purpose of changing its registered affice or registered agent, or both, in the State of Florida. the obligations of registered agont. SIGNATURE Signature, ryped or pricted name of registered agent and title if applicable INOTE: Repistered Agent signature required when reinstating! DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PNOR Delete TITLE ☐ Change □ A *: NAME FLEET, JAMES N NAME STREET ADDRESS STREET ADDRESS 18819 JEBERT DRIVE i # 1 CITY-ST-ZIP ARIPEKA FL 34679 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Adv NAME NAME U00000443532 STREET ADDRESS STREET ADDRESS 03/06/06-80014-003 150.**00** CITY-ST-ZIP CITY - ST - ZIP □ **** DILE ☐ Delete ШŒ ☐ Change MALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete Change Change 门硷 THILE Idit NAME MAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete. 33111 ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete HILLE ☐ Change □ Add NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-719 CLTY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 direct 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

James Norfleet 2/15/44 862 744