


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90060 003 \*\*\*150.00

DOCUMENT # P95000053903					
1. Entity Name JOHN H. NORRIS INSURANCE, INC.					
Principal Place of Business 100 FAULKNER ST. NEW SMYRNA BEACH, FL 32168			Mailing Address 433 S NOVA RD ORMOND BEACH, FL 32174		
2. Principal Place of Business 1818B ENTERPRISE AVE Suite, Apt. #, etc.			3. Mailing Address PO BOX 217 Suite, Apt. #, etc.		
City & State NEW SMYRNA BCH, FL			City & State NEW SMYRNA BCH, FL		
Zip 32168		Country USA		Zip 32170	
				Country USA	
4. FEI Number 65-0624119				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 NORRIS, JOHN H 433 SOUTH NOVA ROAD ORANGE CITY, FL 32774				7. Name and Address of New Registered Agent Name NORRIS, JOHN H. Street Address (P.O. Box Number is Not Acceptable) 1818B ENTERPRISE AVE City NEW SMYRNA BCH FL Zip Code 32168	
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 JOHN H. NORRIS DATE 1-19-05 <small>Signature, typed or printed name of registered agent and title if applicable. (If E. Registered Agent signature required when constituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NORRIS, JOHN H 433 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NORRIS, JOHN H. 1818B ENTERPRISE AVENUE NEW SMYRNA BCH, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: JOHN H. NORRIS PRES. JOHN H. NORRIS 1-19-05 386 424 9010 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40003848



01182005 Chg-P CR2E034 (10/03)