

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000053903

FILED
Apr 30, 2008
Secretary of State

Entity Name: JOHN H. NORRIS INSURANCE, INC.

Current Principal Place of Business:

1818B ENTERPRISE AVE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

PO BOX 217
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

14300 NE 20TH AVENUE, STE. D-102-215
VANCOUVER, WA 98686

FEI Number: 65-0624119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, JOHN H
1818B ENTERPRISE AVE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: NORRIS, JOHN H
Address: 1818B ENTERPRISE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: NORRIS, JOHN H
Address: 14300 NE 20TH AVENUE, STE. D-102-215
City-St-Zip: VANCOUVER, WA 98686

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H. NORRIS

PSD

04/30/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date