2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# P96000010744

Entity Name: NORMAN FINANCIAL & INSURANCE SERVICES, INC.

Current Principal Place of Business:

6132 SW SR 200
OCALA, FL 34476

New Principal Place of Business:

6144 SW HWY 200
OCALA, FL 34476

Current Mailing Address:

6132 SW SR 200
OCALA, FL 34476

New Mailing Address:

6144 SW HWY 200
OCALA, FL 34476

FEI Number: 59-3354062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMAN, GARY
6132 SW SR 200
OCALA, FL 34476 US

Name and Address of New Registered Agent:

NORMAN, GARY L
6144 SW HWY 200
OCALA, FL 34476 US

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: GARY L NORMAN 01/19/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: NORMAN, GARY L
Address: 2868 SE 31ST ST
City-St-Zip: OCALA, FL 34471

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES ( ) Change (X) Addition
Name: NORMAN, LINDA C
Address: 2868 SE 31ST ST
City-St-Zip: OCALA, FL 34471

Title: D ( ) Change (X) Addition
Name: COOK, EILEEN
Address: 264 CROWN OAKS WAY
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY L NORMAN VP 01/19/2006
Electronic Signature of Signing Officer or Director Date