

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

ATX1

DOCUMENT # P96000074124	
1. Entity Name	
NORRIS WOODWORKS INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11789 MUD LAKE RD Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
State GLEN SAINT MARY, FL	City & State
Country	Zip
32040	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3399074		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name NORRIS, CHARLES F., JR. Street Address (P.O. Box Number is Not Acceptable) 10499 MUD LAKE RD City GLEN SAINT MARY FL Zip Code 32040		

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11.	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	NORRIS, CHARLES F., JR.	10499 MUD LAKE RD	GLEN SAINT MARY, FL 32040		
	NORRIS, TERRI L.	10499 MUD LAKE RD	GLEN SAINT MARY, FL 32040		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles F. Norris, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-04 904-275-1141