

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000076168

1. Entity Name
NORMA JEAN'S, INC.



Principal Place of Business
**9119 US 27 S
SEBRING, FL 33870**

Mailing Address
**9119 US 27 S
SEBRING, FL 33870**



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1998987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARTSFIELD, RONALD W
9119 U.S 27 S.
SEBRING, FL 33870**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
HARTSFIELD, RONALD W
9119 US 27 S
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVPS
HARTSFIELD, ANDREA
9119 US 27 S
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
HARTSFIELD, ANDREA
9119 US 27 S
SEBRING, FL 33870**

TITLE
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NAME
STREET ADDRESS
CITY - ST - ZIP

000000313238
04/18/05-80115-025 150.00

**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)(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:

Andrea Hartsfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREA HARTS FIELD
Date

4/14/05
Daytime Phone #

863-6990357