2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90249 018 ***150.00

DOCUMENT # P97000090064

1. Entity Name
NORRIS INDUSTRIES, INC.

Principal Place of Business	Mailing Address
~~2418 S FRENCH AVE~~ ~~SANFORD, FL 32771 US~~	~~2418 S FRENCH AVE~~ ~~SANFORD, FL 32771 US~~

04132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
200 E. LAKE MARY BLVD	200 E. LAKE MARY BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD, FL	City & State: SANFORD, FL
Zip: 32773 Country: USA	Zip: 32773 Country: USA

4. FEI Number: 59-3473146 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORRIS, D A
~~1637 ROCKDALE LOOP~~ 200 E. LAKE MARY BLVD
~~HEATHROW, FL 32746~~ SANFORD, FL 32773

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DPS ☐ Delete	☒ Change ☐ Addition
NAME	NORRIS, D A	
STREET ADDRESS	~~1637 ROCKDALE LOOP~~	200 E. LAKE MARY BLVD
CITY-ST-ZIP	~~HEATHROW, FL 32746~~	SANFORD, FL 32773
TITLE	DTVP ☐ Delete	☒ Change ☐ Addition
NAME	RYAN, SHARON H	
STREET ADDRESS	~~1637 ROCKDALE LOOP~~	200 E. LAKE MARY BLVD
CITY-ST-ZIP	~~HEATHROW, FL 32746~~	SANFORD, FL 32773
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
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TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Sharon H Ryan, Treasurer 4/13/05 407-324-9740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #