
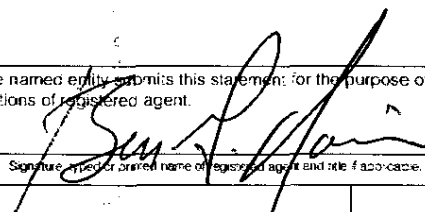
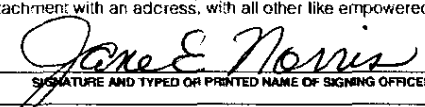


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90266 029 ***150.00

DOCUMENT # P97000103432 1. Entity Name B G NORRIS, INC.			
Principal Place of Business 2223 KILMER LANE APOPKA, FL 32703-5717 US		Mailing Address 2223 KILMER LANE APOPKA, FL 32703-5717 US	
2. Principal Place of Business 4013 Bonnie Drive Suite, Apt. #, etc.		3. Mailing Address P.O. Box 430 Suite, Apt. #, etc.	
City & State Apopka, FL Zip 32703		City & State Dutton, VA Zip 23050-0430	
Country USA		Country USA	
6. Name and Address of Current Registered Agent NORRIS, BENJAMIN G 2223 KILMER LANE APOPKA, FL 32703		7. Name and Address of New Registered Agent Name Norris, Benjamin G. Street Address (P.O. Box Number is Not Acceptable) 4013 Bonnie Drive City Apopka	
State FL		Zip Code 32703	
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:  BENJAMIN G. NORRIS, DIRECTOR 04/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME NORRIS, BENJAMIN G	<input type="checkbox"/> Delete	TITLE DIRECTOR
STREET ADDRESS 2223 KILMER LANE	CITY-ST-ZIP APOPKA, FL 32703	<input type="checkbox"/> Delete	NAME NORRIS, BENJAMIN G.
CITY-ST-ZIP APOPKA, FL 32703	STREET ADDRESS 4013 BONNIE DRIVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP APOPKA, FL 32703
TITLE ST	NAME NORRIS, JANE E	<input type="checkbox"/> Delete	TITLE ST
STREET ADDRESS 2223 KILMER LANE	CITY-ST-ZIP APOPKA, FL 32703	<input type="checkbox"/> Delete	NAME NORRIS, JANE E.
CITY-ST-ZIP APOPKA, FL 32703	STREET ADDRESS 9305 DUTTON ROAD BOX 430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP DUTTON, VA 23050-0430
CITY-ST-ZIP APOPKA, FL 32703	STREET ADDRESS DUTTON, VA 23050-0430	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP DUTTON, VA 23050-0430
CITY-ST-ZIP APOPKA, FL 32703	STREET ADDRESS DUTTON, VA 23050-0430	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP DUTTON, VA 23050-0430
CITY-ST-ZIP APOPKA, FL 32703	STREET ADDRESS DUTTON, VA 23050-0430	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP DUTTON, VA 23050-0430
CITY-ST-ZIP APOPKA, FL 32703	STREET ADDRESS DUTTON, VA 23050-0430	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP DUTTON, VA 23050-0430
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:  JANE E. NORRIS 04/27/04 804-694-5281 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04/27/04	
Daytime Phone # 804-694-5281		Daytime Phone #	