

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000103432

1. Entity Name
B G NORRIS, INC.



Principal Place of Business
**4013 BONNIE DRIVE X
APOPKA, FL 32703 US**

Mailing Address
**PO BOX 430
DUTTON, VA 23050 US**



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3480897

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NORRIS, BENJAMIN G
4013 BONNIE DRIVE
APOPKA, FL 32703**

**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	D
NAME	NORRIS, BENJAMIN G
STREET ADDRESS	4013 BONNIE DRIVE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	ST
NAME	NORRIS, JANE E
STREET ADDRESS	9305 DUTTON RD BOX 430
CITY-ST-ZIP	DUTTON, VA 230500430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000221303
02/09/05-80029-003 158.75

**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: JANE E. NORRIS JANE E. NORRIS

02/07/05

804-694-5281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #