

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # P98000031339

1. Entity Name

E. D. NORFLEET & SONS, INC.



Principal Place of Business

2808 N.W. SR 45
NEWBERRY FL 32669
US

Mailing Address

2808 N.W. SR 45
NEWBERRY FL 32669
US



2. Principal Place of Business - No P.O. Box #

2808 NW SR 45

Suite, Apt. #, etc.

3. Mailing Address

2808 NW SR 45

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Newberry, Fl.

Zip 32669

Country

US

City & State

Newberry, Fl.

Zip 32669

Country

US

4. FEI Number

59-3546140

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORFLEET, E D
2808 N.W. SR 45
NEWBERRY FL 32669

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing, Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME NORFLEET, E D
STREET ADDRESS 2808 N.W. SR 45
CITY-ST-ZIP NEWBERRY FL 32669

TITLE VP
NAME NORFLEET, PAUL W
STREET ADDRESS 2808 N.W. SR 45
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ST
NAME NORFLEET, TRIPP
STREET ADDRESS 2808 N.W. SR 45
CITY-ST-ZIP NEWBERRY FL 32669

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

E.D. Norfleet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07 352-354-5112

Date

Daytime Phone #