

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jul 17, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3546140	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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. S.R. 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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

7-8-08 352-472-2448
Date Daytime Phone #