


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000090020	
1. Entity Name NORMAN DESIGNS, INC.	

Principal Place of Business 2274 MAIN STREET SARASOTA, FL 33237	Mailing Address 2274 MAIN STREET SARASOTA, FL 33237
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DO NOT WRITE IN THIS SPACE



01182005 No Cfig-P CR2E034 (10/03)

4. FEI Number 65-0907945	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

KING, ROBERT W
150 DAVINCI DR
NOKOMIS, FL 34275

**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: Robert King ROBERT KING DATE: 1-31-05

Signature of registered agent required when changing registered office or registered agent. (NOTE: Registered Agent signature required when relocating.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000208547 02/01/05-80090-013 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MORSE, KIM 388 W. SHADE DR. VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S KING, ROBERT W 900 SARABAY DR. OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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: Kimberly Kaye Morse DATE: 1-31-05 DAYTIME PHONE: 941-365-0665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIM MORSE