

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90154 042 \*\*\*158.75

**DOCUMENT # P99000065097**

1. Entity Name

NORVELLE ENTERPRISES, INC.



Principal Place of Business

5600 LASSEN ST.  
KEYSTONE HEIGHTS FL 32656

Mailing Address

5600 LASSEN ST.  
KEYSTONE HEIGHTS FL 32656



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3628848

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

NORVELLE, MARTHA  
5375 AIR PARK LOOP W  
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5600 LASSEN ST

City KEYSTONE HEIGHTS

FL

Zip Code 32656

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, 2006 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 PS ☐ Delete  
NAME NORVELLE, MARTHA  
STREET ADDRESS 5375 AIRPARK LOOP W  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE VPT ☐ Delete  
NAME NORVELLE, RONALD  
STREET ADDRESS 5375 AIRPARK LOOP W  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5600 LASSEN ST  
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5600 LASSEN ST.  
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

Martina Norvelle MARTHA NORVELLE 4-18-06 352/473-8252