

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000090000

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** BILL NORMAN CUSTOM HOMES, INC.

**Current Principal Place of Business:**

324 WEST BEARSS AVENUE  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

324 WEST BEARSS AVENUE  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:** 59-3603672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NORMAN, WILLIAM  
1103 AREVALO DE AVILA  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NORMAN, WILLIAM  
Address: 1103 AREVALO DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: T  
Name: NORMAN, LILI  
Address: 1103 AREVALO DE AVILA  
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM NORMAN

PRES

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date