

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90027 002 ***158.75

DOCUMENT # S30244

1. Entity Name

N5530J, INC.



Principal Place of Business

4114 HERSCHEL ST.
STE. 107
JACKSONVILLE FL 32210

Mailing Address

4114 HERSCHEL ST. #107
C/O BROOKS HOLLAND
JACKSONVILLE FL 32210

2. Principal Place of Business

4960 Ortega Forest Drive
Suite, Apt. #, etc.

3. Mailing Address

4960 Ortega Forest Drive
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Jacksonville Florida

Zip
32210

Country
USA

City & State

Jacksonville Florida

Zip
32210

Country
USA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~HOLLAND, BROOKS H
4114 HERSCHEL ST.
STE. 107
JACKSONVILLE FL 32210~~

7. Name and Address of New Registered Agent

Name Harold Lynn Norman

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

4960 Ortega Forest Drive

City Jacksonville

FL

Zip Code 32210

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

Harold Lynn Norman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 PD
NAME HOLLAND, JOHN ROB
STREET ADDRESS 4114 HERSCHEL ST., STE. 107
CITY-ST-ZIP JACKSONVILLE FL 32210 ☒ Delete

TITLE STD
NAME HOLLAND, ROB WILLIAM
STREET ADDRESS 4114 HERSCHEL ST., STE. 107
CITY-ST-ZIP JACKSONVILLE FL 32210 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Harold Lynn Norman
NAME Harold Lynn Norman
STREET ADDRESS 4960 Ortega Forest Drive
CITY-ST-ZIP Jacksonville, Florida 32210 ☒ Change ☐ Addition

TITLE Lucretia Norman
NAME Lucretia Norman
STREET ADDRESS 4960 Ortega Forest Drive
CITY-ST-ZIP Jacksonville Florida 32210 ☒ Change ☐ Addition

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

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

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

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

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:

Harold Lynn Norman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/04

Date

904 384 1222

Daytime Phone #