

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90027 045 ***150.00

DOCUMENT # S32205

1. Entity Name
NAMRON, INC.



Principal Place of Business
2741 CAPITOL CIRCLE NE
TALLAHASSEE, FL 32308

Mailing Address
2741 CAPITOL CIRCLE NE
TALLAHASSEE, FL 32308

54020356



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3051176

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, W. CRIT
3520 THOMASVILLE RD.
4TH FLOOR
TALLAHASSEE, FL 32308-3469

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	NORMAN, DANIEL R
STREET ADDRESS	3169 TIPPERARY DR
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	PT
NAME	NORMAN, WILLIAM J
STREET ADDRESS	1610 LAGONA DR
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	V.P.
NAME	NORMAN, DEAN
STREET ADDRESS	1610 LAGONA DR
CITY-ST-ZIP	Tall. FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

W. J. Norman Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04

Date

385-9992

Daytime Phone #