

2005 FOR PROFIT CORPORATION ANNUAL REPORT

Reinstatement

Thank You!

REINSTATEMENT



07052005 Chg-P CR2E034 (10/03)

11/9/05

4. FEI Number
59-3133519

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORRIS, DEBBIE P COOWNER
5061 NW LITTLE CAT RD
MADISON, FL 32340

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Debbie P. Norris - Debbie P. Norris, Pres-coowner 9-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NORRIS, DEBBIE P	
STREET ADDRESS	5061 NW LITTLE CAT RD	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NORRIS, CHARLES L.	
STREET ADDRESS	5061 NW LITTLE CAT RD	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	T	<input type="checkbox"/> Delete
NAME	NORRIS, DEBBIE	
STREET ADDRESS	5061 NW LITTLE CAT RD	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	S	<input type="checkbox"/> Delete
NAME	NORRIS, CHARLES L.	
STREET ADDRESS	5061 NW LITTLE CAT RD	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Debbie P. Norris - Debbie P. Norris co-owner 09-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
SEP 26 PM 2:55
TALLAHASSEE, FLORIDA

Pres/ (850) 973-2222