2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2007
Secretary of State

DOCUMENT# V51802

Entity Name: LADS COMPANY OF NORTH FLORIDA, INC.

Current Principal Place of Business:

DBA NORRIS PHARMACY
140 S.W. RANGE STREET
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

PO BOX 509
MADISON, FL 32341 US

New Mailing Address:

FEI Number: 59-3133519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORRIS, DEBBIE P COOWNER
5061 NW LITTLE CAT RD
MADISON, FL 32340 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: DEBBIE P. NORRIS
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NORRIS, DEBBIE P
Address: 5061 NW LITTLE CAT RD
City-St-Zip: MADISON, FL 32340

Title: VP ( ) Delete
Name: NORRIS, CHARLES L.
Address: 5061 NW LITTLE CAT RD
City-St-Zip: MADISON, FL 32340

Title: T ( ) Delete
Name: NORRIS, DEBBIE
Address: 5061 NW LITTLE CAT RD
City-St-Zip: MADISON, FL 32340

Title: S ( ) Delete
Name: NORRIS, CHARLES L.
Address: 5061NW LITTLE CAT RD
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES LEE NORRIS VP 10/08/2007
Electronic Signature of Signing Officer or Director Date