

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V51802

1. Entity Name
LADS COMPANY OF NORTH FLORIDA, INC.



FILED
Jul 17, 2008 08:00 AM
Secretary of State

Principal Place of Business
DBA NORRIS PHARMACY
140 S.W. RANGE STREET
MADISON, FL 32340

Mailing Address
PO BOX 509
MADISON, FL 32341 US



07152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**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 \$550.00
Due by September 12, 2008**

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

U00000955430
07/17/08-80002-018 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NORRIS, DEBBIE P
STREET ADDRESS	5061 NW LITTLE CAT RD
CITY-ST-ZIP	MADISON, FL 32340
TITLE	VP
NAME	NORRIS, CHARLES L.
STREET ADDRESS	5061 NW LITTLE CAT RD
CITY-ST-ZIP	MADISON, FL 32340
TITLE	T
NAME	NORRIS, DEBBIE
STREET ADDRESS	5061 NW LITTLE CAT RD
CITY-ST-ZIP	MADISON, FL 32340
TITLE	S
NAME	NORRIS, CHARLES L.
STREET ADDRESS	5061NW LITTLE CAT RD
CITY-ST-ZIP	MADISON, FL 32340
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 exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-08 850 973 8899

Date

Daytime Phone #