

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90027 031 ***150.00

DOCUMENT # V73698

1. Entity Name
NORMILE FOUNDATIONS, INC.



Principal Place of Business Mailing Address
6195 NW 45TH TERRACE **6195 NW 45TH TERRACE**
COCONUT CREEK, FL 33073 US **COCONUT CREEK, FL 33073 US**

44049220



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07122004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0363650** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NORMILE, THOMAS
6195 NW 45TH TERR
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORMILE, THOMAS 6195 NW 45TH TERRACE COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORMILE, BART 10585 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas M. Normile THOMAS NORMILE 3/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

44049220

• **Arnold M. Gotthilf**
ACCOUNTANTS & TAX CONSULTANTS

July 16, 2004

Florida Dept. of State
Division of Corporations
Annual Report/Uniform Business Report Section
P.O. Box 6327
Tallahassee, FL 33432

Re: Normile Foundations, Inc. 65-0363650
Ref. # V73698 Letter #904A00044271

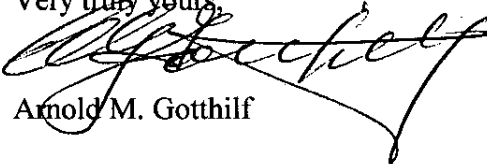
Dear Sirs:

Thank you for responding to my phone call so quickly. During that call I informed you that the taxpayer claims that he did not receive the original form. Therefore, he did not file it. I requested that you send the Annual Report for my clients signature, and changes if there were any, so that it could be filed.

In view of the fact that the client did not receive the form to do a timely filing he respectfully requests that the enclosed form be accepted as the original filing and that the late fee be waived.

Enclosed is the Annual Report and a check for the \$150.00 fee.

Very truly yours,


Arnold M. Gotthilf