

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000172623

**Entity Name:** L. E. NORMAN ENTERPRISES, INC.

**Current Principal Place of Business:**

4644 SAWYER RD.  
SARASOTA, FL 34233

**Current Mailing Address:**

15 PARADISE PLAZA  
#234  
SARASOTA, FL 34239

**FEI Number:** 14-1919729

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NORMAN, LOIS EPRES.  
4644 SAWYER RD.  
SARASOTA, FL 34233 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/T  
Name NORMAN, LOIS EP/T  
Address 4644 SAWYER RD.  
City-State-Zip: SARASOTA FL 34233

*I hereby 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 all other like empowered.*

**SIGNATURE:** LOIS NORMAN

**PRESIDENT**

**09/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date