


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90050 003 ***150.00

DOCUMENT # 602017
 1. Entity Name
ALLEN, NORTON & BLUE, P.A.



Principal Place of Business Mailing Address
 121 MAJORCA 121 MAJORCA
 CORAL GABLES FL 33134 CORAL GABLES FL 33134

14003598



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1287650 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NORTON, ROBERT L.
121 MAJORCA
CORAL GABLES FL 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NORTON, ROBERT L.	
STREET ADDRESS	121 MAJORCA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	ASVP	<input type="checkbox"/> Delete
NAME	GOMEZ, RODOLFO	
STREET ADDRESS	121 MAJORCA	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAMPO, PETER L.	
STREET ADDRESS	121 MAJORCA	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	NORTON, SUSAN P	
STREET ADDRESS	121 MAJORCA	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SVP SVP	<input type="checkbox"/> Delete
NAME	LEVITT, MARK E	
STREET ADDRESS	121 MAJORCA	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TVPD	<input type="checkbox"/> Delete
NAME	HELSEBY, WAYNE L	
STREET ADDRESS	121 MAJORCA	
CITY-ST-ZIP	CORAL GABLES FL 33134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL MATTIMONE	
STREET ADDRESS	906 N. MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____ Date: **4/14/04** Daytime Phone #: **305-445-780**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L. NORTON, PRESIDENT