

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90168 049 ***150.00

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1. Entity Name

ALLEN, NORTON & BLUE, P.A.



Principal Place of Business

121 MAJORCA
CORAL GABLES FL 33134

Mailing Address

121 MAJORCA
CORAL GABLES FL 33134

40028202



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1287650

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORTON, ROBERT L.
121 MAJORCA
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
PD	NORTON, ROBERT L.	121 MAJORCA	CORAL GABLES FL 33134	<input type="checkbox"/>
ASVP	GOMEZ, RODOLFO	121 MAJORCA	CORAL GABLES FL 33134	<input type="checkbox"/>
VP	SAMPO, PETER L	121 MAJORCA	CORAL GABLES FL 33134	<input type="checkbox"/>
DV	NORTON, SUSAN P	121 MAJORCA	CORAL GABLES FL 33134	<input type="checkbox"/>
SVP	LEVITT, MARK E	121 MAJORCA	CORAL GABLES FL 33134	<input type="checkbox"/>
TVPD	HELSEBY, WAYNE L	121 MAJORCA	CORAL GABLES FL 33134	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VPD	MICHAEL MATTHEW	121 MAJORCA AVENUE	CORAL GABLES, FL 33134	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VP	TORR M. FLIK	121 MAJORCA AVENUE	CORAL GABLES, FL 33134	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VP	LEONARD J. DIETZEN	121 MAJORCA		<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	ROBERT E. LARKIN			<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	BRIAN W. KOZI			<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/2/05
 Daytime Phone #: 305-445-7801