


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90368 016 ***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**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD	<input type="checkbox"/> Delete
NAME	NORTON, ROBERT L.	
STREET ADDRESS	121 MAJORCA	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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	DV	<input type="checkbox"/> Delete
NAME	NORTON, SUSAN P.	
STREET ADDRESS	121 MAJORCA	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID J. STEFANY	
STREET ADDRESS	121 MAJORCA	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL MATTIMORE	
STREET ADDRESS	121 MAJORCA	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN KOTI	
STREET ADDRESS	121 MAJORCA	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT E. LARKIN, III	
STREET ADDRESS	121 MAJORCA	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YORK M. FLIK	
STREET ADDRESS	121 MAJORCA	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT WAYNE EVANS	
STREET ADDRESS	121 MAJORCA	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 44-05 305-445-780