

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90087 021 \*\*\*150.00

<b>DOCUMENT # P05000015443</b> 1. Entity Name <b>SUSAN G. NORTON, P.A.</b>																																			
Principal Place of Business <b>2745 SAND DOLLAR PT SANFORD, FL 32773</b>		Mailing Address <b>2745 SAND DOLLAR PT SANFORD, FL 32773</b>																																	
2. Principal Place of Business - No P.O. Box # <b>2897 E. Lake Mary Blvd.</b>		3. Mailing Address <b>2897 E. Lake Mary Blvd.</b>																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																	
City & State <b>Sanford FL</b>		City & State <b>Sanford FL</b>																																	
Zip <b>32773-6601</b>		Zip <b>32773-6601</b>																																	
Country <b>USA</b>		Country <b>USA</b>																																	
4. FEI Number <b>56-2498769</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent  <b>NORTON, SUSAN G 2745 SAND DOLLAR PT SANFORD, FL 32773</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2897 E. Lake Mary Blvd.</b> City <b>Sanford</b> <b>FL</b> Zip Code <b>32773-6601</b>																																	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>1-31-07</b>																																	
<b>FILE NOW!!! : FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>PTSD NORTON, SUSAN G 2745 SAND DOLLAR PT SANFORD, FL 32773</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTSD NORTON, SUSAN G 2745 SAND DOLLAR PT SANFORD, FL 32773</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>2897 E. Lake Mary Blvd. Sanford FL 32773-6601</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2897 E. Lake Mary Blvd. Sanford FL 32773-6601</b>														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/17/07</b>																																	
		Daytime Phone # <b>407-461-3096</b>																																	