

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 311978

FILED
Feb 19, 2007
Secretary of State

Entity Name: NORTON HOME IMPROVEMENT COMPANY, INC.

Current Principal Place of Business:

3367 S US HWY 441 SUITE 101
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

3367 S US HWY 441 SUITE 101
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 39-0971008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTON, JAMES H
3367 S US HWY 441 SUITE101
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NORTON, JAMES H,
Address: 511 SW THURMAN TERRACE
City-St-Zip: LAKE CITY, FL 32024

Title: VP () Delete
Name: NORTON II, JAMES H,
Address: 6952 SW SR247
City-St-Zip: LAKE CITY, FL 32024

Title: SEC () Delete
Name: NORTON, VERNON A,
Address: P O BOX 31
City-St-Zip: LAKE CITY, FL 32056

Title: TREA () Delete
Name: NORTON, VERNON A,
Address: P O BOX 31
City-St-Zip: LAKE CITY, FL 32056

Title: SEC () Delete
Name: LEE, SHANNON,
Address: 525 SW SEFNER COURT
City-St-Zip: LAKE CITY, FL 32025

Title: TREA () Delete
Name: NORTON, JACK J,
Address: 2663 SW TUSTENUGGEE AVE
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHANNON LEE

SEC

02/19/2007

Electronic Signature of Signing Officer or Director

_____ Date