


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 010 ***150.00

DOCUMENT # 311978

1. Entity Name
 NORTON HOME IMPROVEMENT COMPANY, INC.




Principal Place of Business Mailing Address
 3367 S US HWY 441 SUITE 101 3367 S US HWY 441 SUITE 101
 LAKE CITY, FL 32025 US LAKE CITY, FL 32025 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02272008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 39-0971008 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	NORTON, JAMES H	
STREET ADDRESS	511 SW THURMAN TERRACE	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NORTON II, JAMES H	
STREET ADDRESS	6952 SW SR247	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	NORTON, VERNON A	
STREET ADDRESS	P O BOX 31	
CITY-ST-ZIP	LAKE CITY, FL 32056	
TITLE	TREA	<input checked="" type="checkbox"/> Delete
NAME	NORTON, VERNON A	
STREET ADDRESS	P O BOX 31	
CITY-ST-ZIP	LAKE CITY, FL 32056	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	LEE, SHANNON	
STREET ADDRESS	525 SW SEFNER COURT	
CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	NORTON, JACK J	
STREET ADDRESS	2663 SW TUSTENUGGEE AVE	
CITY-ST-ZIP	LAKE CITY, FL 32025	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 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: *James H. Norton* **4-3-08** **386-752-3331**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #