


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90037 032 ***150.00

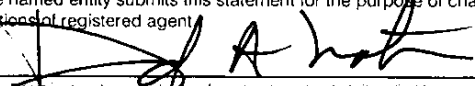
DOCUMENT # G75280	
1. Entity Name DAVID A. NORTON INSURANCE AGENCY, INC.	

Principal Place of Business 6242 N. ANDREWS AVE. FORT LAUDERDALE, FL 33309	Mailing Address 6242 N. ANDREWS AVE. FORT LAUDERDALE, FL 33309
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2. Principal Place of Business - No P.O. Box # 2705 W. Cypress Creek Rd Suite A	3. Mailing Address 2705 W. Cypress Creek Rd Suite A
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33309	Country USA

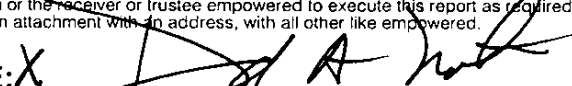
	
01292007	Chg-P CR2E034 (12/06)
4. FEI Number 59-2374928	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NORTON, DAVID A. 6242 N. ANDREWS AVE. FORT LAUDERDALE, FL 33309	
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 	DATE 2/12/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NORTON, DAVID A. 6242 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2705 W. Cypress Creek Rd. Ste A Fort Lauderdale, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, DAVID A. 6242 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2705 W. Cypress Creek Rd Ste A Fort Lauderdale, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: 	DATE 2/12/07 DAYTIME PHONE 954-582-5000