

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G75280

1. Entity Name
DAVID A. NORTON INSURANCE AGENCY, INC.



Principal Place of Business
2765 W. CYPRESS CREEK RD
SUITE A
FORT LAUDERDALE, FL 33309

Mailing Address
2765 W. CYPRESS CREEK RD
SUITE A
FORT LAUDERDALE, FL 33309

FILED
Apr 10, 2008 08:00 A
Secretary of State



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2374928	Applied For 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.
2765 W. CYPRESS CREEK RD
SUITE A
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(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

U000000888504
04/22/08-80014-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	NORTON, DAVID A.
STREET ADDRESS	2765 W. CYPRESS CREEK RD STE A
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309

TITLE	D
NAME	NORTON, DAVID A.
STREET ADDRESS	2765 W. CYPRESS CREEK RD STE A
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-08