2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 8:00 am Secretary of State

DOCUMENT # H09121 1. Entity Name ELAINE M. NORTON, P.A.						04-09-2008	90025 03	6 ***150	0.00
Principal Plac	e of Business	Mailing Address		·	┤ ' ^ ~ ~				
3330 NE 32ND ST. FT. LAUDERDALE, FL 33308 US		3330 NE 32ND ST. FT. LAUDERDALE, FL.	33308	US					
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2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Number 59-2421	948			plied For t Applicable
Zip	Country	Zip	Coun	itry	5. Certificate of	Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	legistered Ag	jent	
MODTON CLAINE M				Name					
NORTON, ELAINE M. 3015 N OCEAN BLVD #14-J FORT LAUDERDALE, FL 33308				Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Code		
	enamed entity submits this statement fo tions of registered agent.	or the purpose of changing its	register	ed office of regist	ered agent, or both,	in the State of Flo	orida. I am fa	miliar with, i	and accept
SIGNATURE									
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
After M	ay 1, 2008 Fee will be \$550.0	00 Trust Fund Cont			ided to Fees				
After M	ay 1, 2008 Fee will be \$550.0	DIRECTORS	ribution.	☐ Āc	ided to Fees	HANGES TO OFF			
10	officers and PVS	00 Trust Fund Cont	11.	[] Ac	ided to Fees	HANGES TO OFF		DIRECTORS Change	S IN 11
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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

04-06-08

954-566-9906

Date

Daytime Phone #