2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 13, 2006 08:00 AM DOCUMENT # J63279 Secretary of State 1. Entity Name NORTON CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 712 US ONE 712 US ONE STE 300 STF 300 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2784973 Not Applier Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARRETT, ROBERT Street Address (P.O. Box Number is Not Acceptable) 109 PARADISE HARBOR BLVD APT 415 NORTH PALM BEACH FL 33408 City 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 acce the obligations of registered agent SIGNATURE Signature, typi-d or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-instating) DATE FILE NOW!!! FEE IS \$150.00 ... 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 18. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete THE ☐ Change ☐ Adm NAME NORTON, BILL B. NAME STREET ADDRESS 4370 TWELVE OAKS WAY UNIT 216 STREET ADDRESS *U00000464660* CITY-ST-ZIP WEST PALM BEACH FL 33406 CATY-ST-ZAY <u> 93/22/06-80</u>904-820-150.00 VP TITLE Deleto DILLE ☐ Change ☐ Addin NAME ELLIOFF, ALEXANDER NAME STREET ADDRESS 712 US ONE STE 300 STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-71P 7272.6 ☐ Delete TITLE ( ) Change ☐ MC NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Defete TITLE Change ☐ Additi NAME NAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Defete Change □ \*\*\*\*\* MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Defete titee ☐ Change □ MdCC NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-789 CHY-SI-DP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with arresidness, with all latter like empowered.

**FILED** 

PE NOTED Pros. 3/9/06 561-848-05