


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L86645 1. Entity Name NORTON HOME HEATING OIL CO.			
Principal Place of Business 1691 BREWTON CIR. DELTONA, FL 32738		Mailing Address 1691 BREWTON CIR. DELTONA, FL 32738	
2. Principal Place of Business 869 Nixon Lane Suite, Apt. #, etc.		3. Mailing Address 1808 SE 12th Street Suite, Apt. #, etc.	
City & State Port Orange FL		City & State Cape Coral FL	
Zip 32129		Zip 33990	
Country Volusia		Country LEE	
4. FEI Number 59-3014855		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELE, SARAH L 7808 SE 12TH ST. CAPE CORAL, FL 33990		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1808 SE 12th St. City Cape Coral FL Zip Code 33990	
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 <u><i>Sarah L Mele</i></u> 7-23-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5:00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MELE, SARAH L 1808 SE 12TH ST. CAPE CORAL, FL 33990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Sarah L Mele</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-23-04 <small>Date Daytime Phone #</small>	