2004 FOR PROFIT CORPORATION

A	MENDED ANI	NUAL KEPUK			1					
DOCUMEN	IT;# L86645									
1. Entity Name	Entity Name									
NORTON HOME HEATING OIL CO.										
Principal Place of Busi	ness	Mailing Address								
1691 BREWTON CIR.		1691 BREWTON CIR.								
DELTONA, FL 32738		DELTONA, FL 32738							•	
e e e e e e e e e e e e e e e e e e e						18119 BAIG GII4 BIBSI 8140			ESI IN IEER	
2. Principal Place of B	Business	3. Mailing Address								
869 Dixon Lane		18085E 12th Street		4 (864)Eta #M	raiia 41118 81111 41881 8111	SPAN BIBIT BIBT	MISIL CINIT MINI	IBB4 IF IBB(
Şuite, Apt. #, etc.	ů	Suite, Apt. #, etc.			07232004	Chg-P	CR2E03	34 (10/03)		
City & State		City & State			4. FEI Numbe	<u> </u>		Apı	plied For	
Port Orange FL		Cape Coral FL			59-3014	1855			t Applicable	
32129	Country	33990	LEE		5. Certificate	of Status Desired		\$8.75 Addi		
6. Name and Address of Current Reg						7. Name and Address of New Registered Agent				
	1									
MELE, SARAH L 7808 SE 12TH ST. CAPE CORAL, FL 33990				Street Address (P.O. Box Number is Not Acceptable)						
CAPE CORAL, FL 33990				1808 SE 12th St.						
				7	7		FL	Zip Code		
8. The above named	entity submits this statement for	or the purpose of changing its re	enistered office	or register	ed agent or bot	n in the State of Flo		3399		
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 Sarah & Mele 7-23-04										
	typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sig	nature required	when reinstating)		DATE			
		9. Election Campaig	n Financing	× ·- \$5:	:00 May Be	· , ·	•••			
Amended	I AR is \$61.25	Trust Fund Contri			ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE PVST		☐ Delete	TITLE					☐ Change	Addition	
!	SARAH L		NAME							
STREET ADDRESS 1808 SE 12TH ST. CITY-ST-ZIP CAPE CORAL, FL 33990			STREET ADDRES	*						
TITLE		□ Delete	TITLE					Change	Addition	
NAME			NAME		40	າກກວດເ	ഷനം	e de la compansión de l		
STREET ADDRESS			STREET ADDRES	is .	07/28)00399 /0401036	008	**70.0	n	
CITY-ST-ZIP	5		CITY-ST-ZIP						(T) 44501	
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition Addition	
STREET ADDRESS			STREET ADDRES	is						
CITY-ST-ZIP	;		CITY-ST-ZIP							
TITLE NAME	,	Delete	TITLE NAME					☐ Change	Addition \	
STREET ADDRESS			STREET ADDRES	ss						
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS		,	NAME STREET ADDRES	25						
CITY-ST-ZIP			CITY-ST-ZIP	~					ĺ	
TITLE		□ Delete	TITLE					Change	Addition	
NAME	:		NAME.	<u>_</u>						
STREET ADDRESS CITY-ST-ZIP	i i		STREET ADDRESS CITY-ST-ZIP	55]					ł	
12. I hereby certify th	at the information supplied wit	h this filing does not qualify for	the exemption :	stated in Se	ection 119 07(3)(). Florida Statutes	I further cert	Lify that the in	formation	
Indicated on this	report or supplemental report i	s true and accurate and that m	v signature sha	Il have the	same legal effect	t as if made under	oath: that I a	ım an officer	or director	
of the corporation or the received 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 alpher like empowered.										
SIGNATURE: X & Mach & Mele 7-23-04										
SIGNATURE	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER O	A DIRECTOR			Date	<u> </u>	avtime Phone #	[

Daytime Phone #