


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M40323 1. Entity Name NORTON CARBIDE TOOL, INC.	
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Principal Place of Business 5775 ORANGE DR DAVIE, FL 33314	Mailing Address 5775 ORANGE DR DAVIE, FL 33314
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02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2727801	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 HUNTER, E. T. 1930 TYLER STREET HOLLYWOOD, FL

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST NORTON, PENELOPE 5775 ORANGE DR DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NORTON, RANDEAL 5775 ORANGE DR DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NORTON, TIMOTHY 5775 ORANGE DR DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NORTON, RICHARD 5775 ORANGE DR DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VEZINA, PAMELA 5775 ORANGE DR DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NORTON, RALPH E 5775 ORANGE DR DAVIE, FL 33314

<p>1000000444027 03/06/06-80035-009 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Penelope Norton 2-20-06 (954) 587-8665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #