

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90006 044 ***150.00

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1. Entity Name

BRIAN J. NORTON ENTERPRISES, INC.



Principal Place of Business

234 SE VILLAS ST.
APT 2
STUART FL 34994

Mailing Address

234 SE VILLAS ST.
APT 2
STUART FL 34994

2. Principal Place of Business

3713 SE lower St
Suite, Apt. #, etc.

3. Mailing Address

3713 SE lower St
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Stuart FL ~~34997~~
Zip 34997 Country

City & State

Stuart FL
Zip 34997 Country

4. FEI Number

65-1001946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORTON, BARBARA J
2408 SE SAPELO AVE
PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

Name Norton, Barbara J
Street Address (P.O. Box, Number is Not Acceptable)
3713 SE lower St
City Stuart FL Zip Code 34997

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 *Barbara J Norton - Barbara J Norton*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-4-04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME NORTON, BRIAN J ☐ Delete
STREET ADDRESS 2408 S.E. SAPELO AVENUE
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE VP
NAME NORTON, BARBARA J ☐ Delete
STREET ADDRESS 2408 S.E. SAPELO AVENUE
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3713 SE lower St
CITY-ST-ZIP Stuart FL 34997

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Barbara J Norton - Barbara J Norton* 4-4-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #