2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90024 048 ***158.75

DOCUMENT # P00000027431

1. Entity Name.
BRIAN J. NORTON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
632 NORTHWEST SUNSET DRIVE STUART FL 34997	632 NORTHWEST SUNSET DRIVE STUART FL 34997

2. Principal Place of Business	3. Mailing Address
632 N.W. Sunset dr.	632. n.w Sunset dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart, fl.	City & State: Stuart fl.
Zip: 34994 Country: U.S.	Zip: 34994 Country: U.S.

1st MOORE CR2E034 (10/05)

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
3713 SE LOWER ST.
STUART FL 34997

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS NORTON, BRIAN J 3713 SE LOWER ST. STUART FL 34997	☐ Delete	P.S. Norton, Brian J. 632. n.w. Sunset dr. Stuart fl, 34994	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NORTON, BARBARA J 3713 SE LOWER ST. STUART FL 34997	☐ Delete	VP Norton, Barbara J. 632. n.w Sunset dr. Stuart fl, 34994	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby 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 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 3-14-06 772-529-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #