

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90015 047 ***150.00

DOCUMENT # P00000027431

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



Principal Place of Business
**632 NORTHWEST SUNSET DRIVE
STUART FL 34997**

Mailing Address
**632 NORTHWEST SUNSET DRIVE
STUART FL 34997**



2. Principal Place of Business - No P.O. Box #
403 NW North River Drive

3. Mailing Address
Same

City & State
Stuart, FL

City & State

4. FEI Number **65-1001946**

Applied For
Not Applicable

Zip
34994

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~NORTON, BARBARA J.~~
~~3713 SE LOWER ST.~~
~~STUART FL 34997~~

Name **Brian J. Norton**
Street Address (P.O. Box Number is Not Acceptable)
403 NW NORTH RIVER DRIVE

City **STUART, FL** Zip Code **34994**

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

[Signature]

Brian J. Norton President

4/20/07

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 **PS** ☐ Delete
NAME **NORTON, BRIAN J**
STREET ADDRESS **632 NW SUNSET DR**
CITY-STATE-ZIP **STUART FL 34994**

TITLE **PS** ☒ Change ☐ Addition
NAME **NORTON, BRIAN J**
STREET ADDRESS **PO BOX 523**
CITY-STATE-ZIP **STUART, FL 34994**

TITLE **VP** ☒ Delete
NAME **NORTON, BARBARA J**
STREET ADDRESS **632 NW SUNSET DR**
CITY-STATE-ZIP **STUART FL 34994**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 (772) 529-1027

Date

Daytime Phone #