

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90329 021 ***158.75

DOCUMENT # P04000060219 1. Entity Name NORTON-ALEXANDER, INC.			
Principal Place of Business 2247 PALM BCH LAKES BLVD. W. PALM BCH, FL 33409		Mailing Address 2247 PALM BCH LAKES BLVD. W. PALM BCH, FL 33409	
2. Principal Place of Business 712 U.S. ONE Suite, Apt. #, etc. SUITE 300		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State N. PALM BEACH FL		City & State	
Zip 33408	Country FB	Zip	Country
6. Name and Address of Current Registered Agent ELLIOFF, ALEXANDER 2247 PALM BCH LAKES BLVD. W. PALM BCH, FL 33409		7. Name and Address of New Registered Agent Name ELLIOFF, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 712 U.S. ONE SUITE 300 City N. PALM BEACH FL Zip Code 33408	
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 4/14/05 <small>Signature, type, or printed name of registered agent, and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D NORTON, BILL 2247 PALM BCH LAKES BLVD. W. PALM BCH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, BILL 712 US ONE SUITE 300 N. PALM BEACH FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOFF, ALEXANDER 2247 PALM BCH LAKES BLVD. W. PALM BCH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOFF ALEXANDER 712 US ONE SUITE 300 N. PALM BEACH FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date 4/14/05 561 848 0520 <small>Daytime Phone #</small>	

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04132005 Chg-P CR2E034 (10/03)

4. FEI Number **562458439** Applied For Not Applicable

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