

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29059

FILED  
Feb 21, 2005  
Secretary of State

Entity Name: NORTON INSURANCE OF FLORIDA, INC.

**Current Principal Place of Business:**

102 BEAL PARKWAY SW  
FT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

102 BEAL PARKWAY SW  
FT WALTON BEACH, FL 325485330 US

**Current Mailing Address:**

P.O. BOX 2078  
FT. WALTON BEACH, FL 32549 US

**New Mailing Address:**

P.O. BOX 2078  
FT. WALTON BEACH, FL 325492078 US

FEI Number: 58-1426327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

H. E. NORTON  
102 BEAL PARKWAY  
FT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NORTON, H. E.,  
Address: 1100 U.S. HWY 98-UNIT B802  
City-St-Zip: DESTIN, FL

Title: VD ( ) Delete  
Name: JONES, A. E.,  
Address: 3068 H D ATHA RD  
City-St-Zip: COVINGTON, GA

Title: D ( ) Delete  
Name: NORTON, RUTH,  
Address: 1100 U.S. HWY 98-UNIT B802  
City-St-Zip: DESTIN, FL

Title: S ( ) Delete  
Name: JONES, KAREN  
Address: 3068 H D ATHA RD  
City-St-Zip: COVINGTON, GA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY C. NORTON

MR.

02/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date