

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29059

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** NORTON INSURANCE OF FLORIDA, INC.

**Current Principal Place of Business:**

102 BEAL PARKWAY SW  
FT WALTON BEACH, FL 325485330 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
Name: NORTON, H. E.  
Address: 138 INDIAN BAYOU DRIVE  
City-St-Zip: DESTIN, FL 32541

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KAREN JOENS

SEC

02/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date