2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Moren R. Rorton

SIGNATURE: \(

May 03, 2005 8:00 am Secretary of State DOCUMENT # P98000068569 05-03-2005 90147 035 ***150.00 NORTON BUILDERS, INC. Principal Place of Business Mailing Address 1221 NE 51ST PLACE **1221 NE 51ST PLACE OCALA FL 34479 OCALA FL 34479** 2. Principal Place of Business 3. Mailing Address 51st P1 1aa1 NE 518+PL 1221 HE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Ocales Fl Ocalw Fl 4. FEI Number Applied For City & State 59-3550920 Not Applicable Zip <u>₹</u>479 Country Country \$8.75 Additional 5. Certificate of Status Desired Marzion 34479 Marion Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NORTON, GLENN Street Address (P.O. Box Number is Not Acceptable) 2079 N.E. 43RD ST. **OCALA FL 34479** 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PST** Change Change TITLE ☐ Delete TITLE ■ Addition NORTON, GLENN R NAME NAME 1221 HE 51ST Place 2079 NE 43RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34479 CITY-ST-ZIP Ocala, Fl 34479 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED