


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90092 036 \*\*\*150.00

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<b>DOCUMENT # P99000018851</b>			
1. Entity Name <b>DAVID NORTON FILMS INC.</b>			
Principal Place of Business <b>5 BROADWAY CT ORLANDO, FL 32803</b>		Mailing Address <b>5 BROADWAY CT ORLANDO, FL 32803</b>	
2. Principal Place of Business <b>1183 Newberg Court</b>		3. Mailing Address <b>1183 Newberg Court</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sanford, FL</b>		City & State <b>Sanford, FL</b>	
Zip <b>32771</b>	Country <b>USA</b>	Zip <b>32771</b>	Country <b>USA</b>
4. FEI Number <b>59-3620215</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NORTON, MARGOT 5 BROADWAY CT ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name <b>Norton, Margot</b> Street Address (P.O. Box Number is Not Acceptable) <b>1183 Newberg Court</b> City <b>Sanford, FL</b> Zip Code <b>32771</b>	
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 <b>MARGOT NORTON</b>		DATE <b>4/26/05</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P NORTON, DAVID 5 BROADWAY CT ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Norton, David 1183 Newberg Court Sanford, FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NORTON, MARGOT 5 BROADWAY CT ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Norton, Margot 1183 Newberg Court Sanford, FL 32771 <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
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
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: <b>MARGOT NORTON</b>		Date <b>4/26/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	