2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 10, 2008 08:00 A DOCUMENT # S87666 1. Entity Name Secretary of State STAN NORTON, INC. Principal Place of Business Mailing Address 5495 GORDON CT. 5495 GORDON CT. **ORANGE PARK FL 32065** ORANGE PARK FL 32065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3091723 Not Applicable Zıp Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NORTON, STANLEY L. Street Address (P.O. Box Number is Not Acceptable) 5495 GORDON CT. **ORANGE PARK FL 32065** City Zip Code 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, typod or primed name of repretend dispert and Miel-Frankladou. DATE ffvOTE. Registrated Agent amphature required when reinstallings FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Derete TITLE Addition TITLE NAME NORTON, STANLEY L. NAME U00000853487 03/26/08-80073-001 150.00 STREET ADDRESS 5495 GORDON CT. STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32065 CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME NORTON, PAMELA 5495 GORDON CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32065** CITY-ST-ZIP TITLE ☐ Delete Change Addition HAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 efficer 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.