2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 08, 2005 08:00 AM **Secretary of State** DOCUMENT # P01000033691 1. Entity Name NORTH FLORIDA FILL AND MATERIAL, INC. Principal Place of Business Mailing Address 280 LEE RD 280 LEE RD JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 03032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3712805 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE STEINMAN, SANFORD L 280 LEE RD JACKSONVILLE, FL 32225 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME KENNEDY, WILLIAM 280 LEE RD STREET ADDRESS JACKSONVILLE, FL 32225 CITY-ST-ZIP TITLE STEINMAN, SANFORD NAME STREET ADDRESS 280 LEE RD CITY-ST-ZIP JACKSONVILLE, FL 32225 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS COY-SY-718 TITLE NAME STREET ADDRESS CATY - 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 it made under eath; that I am an officer or director of the corporation or the receiver or divistee 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.

LIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED