

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000011749

Entity Name: NORTH FLORIDA PROFESSIONAL SERVICES, INC.**Current Principal Place of Business:**1450 SW STATE ROAD 47
LAKE CITY, FL 32025**Current Mailing Address:**P. O. BOX 3823
LAKE CITY, FL 32056 US**FEI Number:** 27-1868423**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAILEY, GREGORY G
1450 SW STATE ROAD 47
LAKE CITY, FL 32025 US*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:** GREGORY G. BAILEY

04/28/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BAILEY, GREGORY G
Address 904 SW RIDGE STREET
City-State-Zip: LAKE CITY FL 32024

Title SECRETARY, TREASURER
Name CARTER, MEGAN M
Address 10688 HILLHOUSE DR
City-State-Zip: WHITE SPRINGS FL 32096

Title OFFICER
Name PITMAN, JAMES H
Address 6237 SE COUNTRY CLUB ROAD
City-State-Zip: LAKE CITY FL 32025

Title OFFICER
Name SMITH, JAMES
Address 277 GALLANT LANE
City-State-Zip: LAKE CITY FL 32024

Title OFFICER
Name BISHOP, MICHAEL P
Address 426 SW CR 242
City-State-Zip: LAKE CITY FL 32024

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: MEGAN M CARTER

SEC/TRS

04/28/2022

Electronic Signature of Signing Officer/Director Detail

Date