

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 353659

1. Entity Name
NORTH FLORIDA ERECTION COMPANY, INC.



Principal Place of Business
1816 BUCKMAN ST.
P. O. BOX 3832
JACKSONVILLE, FL 32206

Mailing Address
1816 BUCKMAN ST.
P. O. BOX 3832
JACKSONVILLE, FL 32206



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1282833

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORBIN, PETER REED
121 W. FORSYTH ST., SUITE 1000
JACKSONVILLE, FL 32202

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000325225
04/23/05-80008-007 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BURNSED, J L
STREET ADDRESS 10486 BURNSED-CRWFO RD.
CITY-ST-ZIP GLEN SAINT MARY, FL 32040

TITLE VD
NAME COLSON, JOHNNY C
STREET ADDRESS 204 SAN RAFAEL ST
CITY-ST-ZIP ST AUGUSTINE, FL

TITLE TD
NAME FRANKLIN, J H
STREET ADDRESS RT 6 BOX 381-A
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VD
NAME CRAWFORD, K E
STREET ADDRESS RT 1 BOX 235
CITY-ST-ZIP GLEN ST MARY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

J. L. Burnsed

J. L. Burnsed

(904) 356-8547

04/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #