

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1282833

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 000000532679
STREET ADDRESS 02/21/07-80033-002 150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 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

02/21/07 (904) 356-8547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #