

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 435984 1. Entity Name NORTH FORTY OF FLORIDA, INC.	
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Principal Place of Business 971 S.E. 32ND WAY MELROSE, FL 32666 US	Mailing Address P.O. BOX 603 MELROSE, FL 32666 US
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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2943129	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DROMPP, CATHERINE M 4344 JULINGTON CREEK RD JACKSONVILLE, FL 32258

**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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☒ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGKIN, HARRIET P 867 S.E. 32ND WAY MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRON, CAROL F 1801 N.W. 11TH ROAD GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CULVER, KATHLEEN P.O. BOX 812 NA MELROSE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROTUNDO, DORE 971 S.E. 32ND WAY MELROSE, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000397879
01/30/06-80072-002 155.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Dore Rotundo - DORE ROTUNDO, TREAS. 18/01/06 352-473-2773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #