

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # 435984

1. Entity Name
NORTH FORTY OF FLORIDA, INC.



Principal Place of Business
**971 S.E. 32ND WAY
MELROSE, FL 32666 US**

Mailing Address
**P.O. BOX 603
MELROSE, FL 32666 US**



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2943129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____

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, 2008 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 COMPTON, LAUREL A 961 SE 32ND WAY MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ELLISON, KATHRINE P 817 NW 15TH AVE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PAUL, PATRICIA E 961 SE 32ND WAY MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROTUNDO, DORE 971 S.E. 32ND WAY MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000872250
04/10/08-80029-025 150.00

**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, T**

25 MAR '08 352-413-2173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #