


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90304 001 *2,400.00

DOCUMENT # F01000004097 1. Entity Name NORTHEAST II, INC.			
Principal Place of Business 8811 BOGGY CREEK ROAD ORLANDO, FL 32824		Mailing Address C/O BARRY D. ANSBACHER P.A. 1301 RIVERPLACE BLVD. STE 2450 JACKSONVILLE, FL 32207	
2. Principal Place of Business - No P.O. Box # 5911 Phillips Highway Suite, Apt. #, etc.		3. Mailing Address 	
City & State Jacksonville, FL		Ansbacher & McKeel, P.A. 8818 Goodbys Executive Drive Jacksonville, Florida 32217	
Zip 32216		Country 	
4. FEI Number 23-2096759		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANSBACHER & MCKEEL, P.A. BARRY D. ANSBACHER, P.A. 1301 RIVERPLACE BOULEVARD, STE. 2450 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Ansbacher & McKeel, P.A. 8818 Goodbys Executive Drive Jacksonville, Florida 32217	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FREEMAN, TERRY L 8811 BOGGY CREEK ROAD ORLANDO, FL 32824	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5911 Phillips Highway Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	

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02202007 Chg-P CR2E034 (12/06)