

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G14439

FILED
Mar 07, 2007
Secretary of State

Entity Name: NORTHRUP CONSTRUCTION, INC.

Current Principal Place of Business:

% CHARLES R. NORTHRUP
168 LAKESHORE DRIVE W.
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

% CHARLES R. NORTHRUP
168 LAKESHORE DRIVE W.
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-2240135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTHRUP, CHARLES R
168 LAKESHORE DRIVE W.
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P D () Delete
Name: NORTHRUP, CHARLES R
Address: 168 LAKESHORE DRIVE W.
City-St-Zip: PALM HARBOR, FL 34684

Title: V P () Delete
Name: PEMBROKE, ARLIE A
Address: 1031 MAINSAIL DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R NORTHRUP

PRES

03/07/2007

Electronic Signature of Signing Officer or Director

_____ Date