

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90047 026 ***150.00

DOCUMENT # L58626

1. Entity Name

NORTH FLORIDA HOLDING COMPANY



Principal Place of Business

**4662 SW ICAN BR LN S
JACKSONVILLE FL 32224**

Mailing Address

**4662 SWILCAN BRIDGE LN
JACKSONVILLE FL 32224**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3002673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, JAMES E
4662 SWILCAN BRIDGE LANE S.
JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name **DAWSON A. McQUAIG**

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

4662 SWILCAN BRIDGE LN S

City **JACKSONVILLE**

FL

Zip **32224**

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 **DAWSON A. McQUAIG**
Signature, typed or printed name of registered agent and title if applicable

DAWSON A. McQUAIG
(NOTE: Registered Agent signature required when terminating)

2-11-05
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 **D** ☒ Delete
NAME **ROSS, JAMES E**
STREET ADDRESS **204 CENTURY 21 DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **PRES** ☒ Change ☐ Addition
NAME **DAWSON A. McQUAIG**
STREET ADDRESS **4662 SWILCAN BRIDGE LN S**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **DAWSON A. McQUAIG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-05
Date

904-874-4364
Daytime Phone #