


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90091 006 ***158.75

DOCUMENT # L74264	
1. Entity Name NORTH FLORIDA REFORESTATION SERVICES, INC.	

40063395



01042007 Chg-P CR2E034 (12/06)

Principal Place of Business 255 NORTH LAKE AVENUE LAKE BUTLER, FL 32054	Mailing Address P.O. BOX 365 LAKE BUTLER, FL 32054
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2. Principal Place of Business - No P.O. Box # 12469 W. SR 100	3. Mailing Address Suite, Apt. #, etc.
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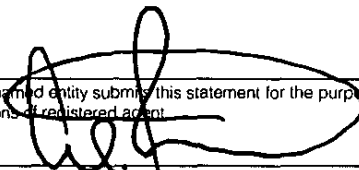
City & State Lake Butler Florida	City & State
Zip 32054	Country US

4. FEI Number 59-3005809	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

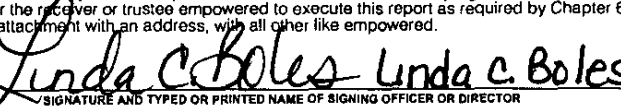
6. Name and Address of Current Registered Agent ROBERTS, AVERY C. 255 W LAKE AVE LAKE BUTLER, FL 32054	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12469 West SR 100 City Lake Butler FL Zip Code 32054	
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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 	Avery C. Roberts 4-11-07

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, AVERY C. 255 N LAKE AVE LAKE BUTLER, FL 32054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Avery c. Roberts 12469 W. SR 100 Lake Butler FL 32054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLES, LINDA C 6798 CRYSTAL LAKE RD KEYSTONE HEIGHTS, FL 32656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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

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 	Linda C. Boles 4-11-07 386-496-3509