2012 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # R01000028443

1. Entity Name
NORTH FLORIDA DIVERSIFIED, INC.

12 JUL -7 AM 2:00

Principal Place of Business	Mailing Address
9152 JJ MEALY LANE CLARKSVILLE, FL 32430	P.O. BOX 70 CLARKSVILLE, FL 32430

05102012   Chg-P   CR2E034 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number **75-2982597** / Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUNCAN, GARY 9152 JJ MEALY LANE CLARKSVILLE, FL 32430	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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 $550.00
Due by September 28, 2012

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DUNCAN, GARY STREET ADDRESS 9152 JJ MEALY LANE CITY-ST-ZIP CLARKSVILLE, FL 32430		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500235289255 05/18/12--01012--010 **150.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Gary Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   DATE   E-MAIL ADDRESS   JUL 13 2012