

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000054509

**Entity Name:** NORTH FLORIDA LADDER INC

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

452 EAST 8TH STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551031  
JACKSONVILLE, FL 32255

**New Mailing Address:**

**FEI Number:** 59-3723554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SULLIVAN, BRENDA A VP  
6721 YVONNE LANE  
JACKSONVILLE, FL 32216 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: MOORE, ROBERT L  
Address: 8609 EMERALD ISLE CIRCLE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP  
Name: SULLIVAN, BRENDA A  
Address: 6721 YVONNE LANE  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: BRENDA A SULLIVAN

VP

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date