## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000063624

VPD

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BARKER, EDWARD J

NAVARRE, FL 32566

2044 RESORT STREET

Title:

Name:

Address: City-St-Zip:

Entity Name: NORTH FLORIDA CONTRACTORS, INC.

FILED Apr 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2106 COUNTRY CLUB COURT 2162 HIGHWAY 87 PLANT CITY, FL 33566 NAVARRE, FL 32566 **Current Mailing Address: New Mailing Address:** 2106 COUNTRY CLUB COURT PLANT CITY, FL 33566 FEI Number: 59-3730343 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLOK-ANDERSEN, KIM 2106 COUNTRY CLUB COURT PLANT CITY, FL 33566 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD ( ) Delete Title: () Change () Addition BLOK-ANDERSEN, KIM Name: Name: 2106 COUNTRY CLUB COURT Address: Address: City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: ( ) Delete Title: Title: () Change () Addition BLOK-ANDERSEN, JUDY Name: Name: 2106 COUNTRY CLUB COURT Address: Address: City-St-Zip: PLANT CITY, FL 33566 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KIM BLOK-ANDERSEN P 04/29/2008

() Change () Addition