2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063624

Entity Name: NORTH FLORIDA CONTRACTORS, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
2162 HIGHWAY 87 NAVARRE, FL 32566		1861 PELICAN LANE NAVARRE, FL 32566		
Current Mailing Address:		New Mailing Address:		
2106 COUNTRY CLUB COURT PLANT CITY, FL 33566		1861 PELICAN LANE NAVARRE, FL 32566		
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	Name and Address of New Registered Agent:	
BLOK-ANDERSEN, KIN 2106 COUNTRY CLUB PLANT CITY, FL 33566	COURT	BLOK-ANDERSEN, KIN 1861 PELICAN LANE NAVARRE, FL 32566		
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: KIM BLOK-ANDERSEN			04/22/2009	
Electro	nic Signature of Registered Age	ent	Date	
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PSD (Name: BLOK-ANDER) Delete SEN, KIM	Title: (Name:) Change () Addition	

 Title:
 PSD () Delete
 Title:

 Name:
 BLOK-ANDERSEN, KIM
 Name:

 Address:
 2106 COUNTRY CLUB COURT
 Address:

 City-St-Zip:
 PLANT CITY, FL 33566
 City-St-Zip:

 Title:
 TD
 () Delete

 Name:
 BLOK-ANDERSEN, JUDY

 Address:
 2106 COUNTRY CLUB COURT

 City-St-Zip:
 PLANT CITY, FL 33566

NAVARRE, FL 32566

Title: VPD (X) Delete
Name: BARKER, EDWARD J
Address: 2044 RESORT STREET

City-St-Zip:

 $\begin{array}{lll} \mbox{Title:} & \mbox{TD} & \mbox{(X) Change () Addition} \\ \mbox{Name:} & \mbox{BARKER, EDWARD} \end{array}$

Name: BARKER, EDWARD
Address: 2044 RESORT STREET
City-St-Zip: NAVARRE, FL 325656

Title: () Change () Addition Name:

Address: 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.

SIGNATURE: KIM BLOK-ANDERSEN P 04/22/2009