

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90032 007 ***150.00

DOCUMENT # P03000002794

1. Entity Name

NORTH EAST FLORIDA CONSTRUCTION INC.



Principal Place of Business

PO BOX 65220
ORANGE PARK FL 32065

Mailing Address

PO BOX 65220
ORANGE PARK FL 32065

2. Principal Place of Business

628 N. RIVER CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

6280 N. RIVER CIRCLE
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

MACCLENRY FL.

City & State

MACCLENRY FL.

4. FEI Number

45-0500562

Applied For

Not Applicable

Zip

32063

Country

BAKER

Zip

32063

Country

BAKER

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RHODEN, JAMES F
6280 N RIVER CIRCLE
MACCLENRY FL 32063

7. Name and Address of New Registered Agent

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME RHODEN, JAMES
STREET ADDRESS 6280 N RIVER CIR
CITY-ST-ZIP MACCLENRY FL 32063

TITLE V ☒ Delete
NAME GREENE, GERRY
STREET ADDRESS 1311 INDEPENDENCE DR
CITY-ST-ZIP ORANGE PD FL 32065

TITLE S ☒ Delete
NAME WENTWORTH, MARK
STREET ADDRESS 1712 HAWKIS COVE DR W
CITY-ST-ZIP JAX FL 32246

TITLE T ☒ Delete
NAME CARTRETTE, TODD
STREET ADDRESS 1947 ASHLEY AVE
CITY-ST-ZIP YULEE FL 32097

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/25/05 904 2593809