


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90050 010 ***158.75

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| DOCUMENT # P03000087266 |  |
| 1. Entity Name NE FLORIDA RESIDENTIAL SERVICES, INC. | |

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| Principal Place of Business 10607 SCOTTMILL RD JACKSONVILLE, FL 32223 | Mailing Address 10607 SCOTTMILL RD JACKSONVILLE, FL 32223 |
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| 2. Principal Place of Business - No P.O. Box # 12796 San Jose Blvd | 3. Mailing Address 12796 San Jose Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---|---|
| City & State JACKSONVILLE, FL | City & State JACKSONVILLE, FL |
| Zip 32223 | Country USA |
| Zip 32223 | Country USA |



01082007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 33-1066854 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LLOYD, SCOTT 10607 SCOTTMILL RD JACKSONVILLE, FL 32223 | |
| 7. Name and Address of New Registered Agent Name LLOYD, SCOTT Street Address (P.O. Box Number is Not Acceptable) 12796 San Jose Blvd City JACKSONVILLE FL Zip Code 32223 | |

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 *Scott LFP* DATE **1-8-07**

(NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LLOYD, SCOTT 10607 SCOTTMILL RD JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LLOYD, SCOTT 2410 FLOYD ST. SARASOTA, FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O REEVES, ROBERT 555 BIRD LANE JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | O REEVES, ROBERT 10607 SCOTTMILL RD JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | O LELLA DEAN 13820-113 ST. ANTHONY AVE #185 JACKSONVILLE, FL 32258 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Scott LFP* DATE: **1/8/07** DAYTIME PHONE: **904-880-9908**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR