2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000118484 01-14-2005 90002 050 ***150.00 1. Entity Name NORTH FLORIDA LATHING, INC. Principal Place of Business Mailing Address 50002315 152 W. TOCOI ROAD 152 W. TOCOI ROAD PALATKA, FL 32177 PALATKA, FL 32177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 52-2413870 Not Applicable Country Zìo Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANNON, ROY M JR. Street Address (P.O. Box Number is Not Acceptable) 152 W. TOCOI ROAD PALATKA, FL 32177 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ΡĎ ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME CANNON, ROY M JR. STREET ADDRESS 152 W. TOCOI ROAD STREET ADDRESS CITY-ST-ZIP PALATKA, FL 32177 CITY-ST-ZIP Delete ☐ Change ☐ Addition CANNON, WENDY G NAME STREET ADDRESS 152 W. TOCOL ROAD STREET ADDRESS CITY-ST-ZIP PALATKA, FL 32177 CITY-ST-ZIP TITLE TIT! F Change — Addition Delete NAME CANNON, ROY M. III NAME STREET ADDRESS STREET ADDRESS 152 TOCOI ROAD CITY-ST-ZIP CITY+ST-7IP PALATKA, FL 32177 ☐ Delete TIT1 F ☐ Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapter does not a state the property with an address. With all other like empowered.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Wally (AWW) 57

☐ Delete

☐ Delete

1-11-05

386-328-2325

☐ Change

☐ Change

☐ Addition

☐ Addition

Daytime Phone #

FILED Jan 14, 2005 8:00 am