FILED
Apr 19, 2005 8:00 am
Secretary of State
03-16-2005 90030 049 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000013865

1. Entity Name
NORTH CENTRAL FLORIDA RESIDENTIAL & COMMERCIAL CONSTRUCTION CO.

66011128

Principal Place of Business	Mailing Address
505 LAFAYETTE AVE LIVE OAK, FL 32064	P O BOX 6141 LIVE OAK, FL 32064

02192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Same Above	Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Live Oak Fl	City & State
Zip: 32064-2940 Country: Suwannee	Zip: 32060 Country: Suwannee

4. FEI Number 61-1465553 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PERKINS, MAURICE E
505 LAFAYETTE AVE
LIVE OAK, FL 32064

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERKINS, MAURICE E 505 LAFAYETTE AVE LIVE OAK, FL 32064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Maurice E Perkins 13 Apr 05 (386) 364-4439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #