



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000013865 1. Entity Name NORTH CENTRAL FLORIDA RESIDENTIAL & COMMERCIAL CONSTRUCTION CO.		
Principal Place of Business 505 LAFAYETTE AVE LIVE OAK, FL 32064		Mailing Address P O BOX 6141 LIVE OAK, FL 32064
DO NOT WRITE IN THIS SPACE		
		 02012007 No Chg-P CR2E034 (11/05)
		4. FEI Number 61-1465553 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PERKINS, MAURICE E 505 LAFAYETTE AVE LIVE OAK, FL 32064		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000673495 03/29/07-80031-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERKINS, MAURICE E 505 LAFAYETTE AVE LIVE OAK, FL 32064	
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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 <u>Maurice E. Perkins</u> MAURICE E. PERKINS, PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		