


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90214 006 ***150.00

DOCUMENT # P04000083563 1. Entity Name NORTH FLORIDA SALES INC.					
Principal Place of Business 111 GENTIAN ROAD ST. AUGUSTINE, FL 32086 US			Mailing Address 111 GENTIAN ROAD ST. AUGUSTINE, FL 32086 US		
2. Principal Place of Business 105 Moultrie Crossing Ln		3. Mailing Address 105 Moultrie Crossing Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Augustine, FL		City & State St. Augustine, FL		4. FEI Number 36-4555246	
Zip 32086		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETRELLO, MIKE J 111 GENTIAN ROAD ST AUGUSTINE, FL 32086			7. Name and Address of New Registered Agent Name Petrello, Mike J. Street Address (P.O. Box Number is Not Acceptable) 105 Moultrie Crossing Lane City St. Augustine FL Zip Code 32086		
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 _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PETRELLO, MIKE 111 GENTIAN ROAD ST AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS CITY - ST - ZIP	105 Moultrie Crossing Lane St. Augustine, FL 32086	
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	
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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: _____			Michael J. Petrello, President 05/01/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 904-814-6408		