2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 29, 2008 8:00 am Secretary of State 04-25-2008 90141 003 ***138.75

DOCUMENT # P04000118951 1. Entity Name NORTH FLORIDA EARTHWORK, INC.									04-25-20 05-29-20	08 90141 08 90195		
Principet Place of Business Mailing Address 1914 ART MUSEUM DRIVE 1914 ART MUSEUM DRIVE									,			
JACKSONVILL		1914 ART MUSEUM DRIVE Jacksonville, FL 32207				٠,	•••					
2. Principal Pt	ace of Busin	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03272008	Chg-P	CR2E0	34 (12/06)	
City & State			City & State			•		4. FEI Numbe 76-076	= -		<u> </u>	plied For
Zip	Country			Zip					of Status Desired		\$8.75 Add Fee Require	litionel
· · · · · · · · · · · · · · · · · · ·	6. Name	egistered Agent					7. Name and	Address of New	Registered A	gent		
TROUP, KEVIN L 1914 ART MUSEUM DRIVE Street Addr							Les	vis Levi	Rotter =	<u> </u>		
JACKSON		Sireet Add			J. L	ss (P.O. Box Number Is Not Acceptable)						
							H(I	<u>Museui</u> oville	n Drive	FL	Zip.Cod	h-ar
8. The above	named entit	y submits this statement for	the purpose	of changing its	register	ed office or	A PL IN T		th, in the State of F		amiliar with,	and accept
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. 4/14/08												
SIGNATURE												
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.	00	OFFICERS AND	DIRECTORS		11.			ADDITIONS	CHANGES TO OF	FICERS AND	_	
TUTLE HEAVE	DP Delete PYBURN, WILLIAM T III					E I		·			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	ſ	MUSEUM DRIVE				ET ADDRESS - ST-ZIP						
ШТЕ	DVTS			Delete	រាប	Ē.					Change	Addition
NAME	TROUP,		, , , , , , , , , , , , , , , , , , ,			NAME CONCERNO						_
STREET ADDRESS CITY-ST-ZP		MUSEUM DRIVE NVILLE, FL 32207				STREET ADDRESS CITY-S1-ZIP						
TITLE				☐ Delete	TITL						Change	Addition
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CITY-ST-ZIP						-\$1-ZP						
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NAME STREET ADDRESS					MAM Sitre	E Et adoress			ζ,			
CITY-ST-ZIP		·				-ST-71P		· ·				
12. I hereby certify that the information supplied with this filling 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												
signature: lewis levi fitted 4/19/08 (904)399-0134												
SIGNAT	URE: _		w_	ا خانداه)	<u>Qui k</u>	1110	<u></u>		1/14/0X	(70	<u> </u>	אזוט