

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000125307

FILED
Apr 08, 2008
Secretary of State

Entity Name: NORTH FLORIDA HOME WORX, INC.

Current Principal Place of Business:

10142 103RD STREET
202
JACKSONVILLE, FL 32210

New Principal Place of Business:

1418 FALKIK COURT
JACKSONVILLE, FL 32221

Current Mailing Address:

10142 103RD STREET
202
JACKSONVILLE, FL 32210

New Mailing Address:

1523 CHAFFEE RD
12-133
JACKSONVILLE, FL 32221

FEI Number: 33-1099584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COWEN, STACY
1418 FALKIRK COURT
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COWEN, STACY
Address: 1418 FALKIRK COURT
City-St-Zip: JACKSONVILLE, FL 32221

Title: O () Delete
Name: COWEN, TODD C
Address: 1418 FALKIRK COURT
City-St-Zip: JACKSONVILLE, FL 32221

Title: O () Delete
Name: BARBER, ROBERT E
Address: 3336 HORSESHOE TRAIL DRIVE
City-St-Zip: ORANGE PARK, FL 32065 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACY L. COWEN

PRES

04/08/2008

Electronic Signature of Signing Officer or Director

_____ Date