

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90236 031 ***150.00

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| DOCUMENT # P05000113052 1. Entity Name NORTH CENTRAL FLORIDA HOME IMPROVEMENT, INC. | | | |
| Principal Place of Business 3107 212TH STREET LAKE CITY, FL 32024 US | | Mailing Address PO BOX 1806 HIGH SPRINGS, FL 32655 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address P.O. Box 471 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Branford, FL | |
| Zip 32008 | Country USA | 4. FEI Number 20-3289005 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BIDWELL, TIMOTHY E SR 3107 212TH STREET LAKE CITY, FL 32024 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 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 PD NAME BIDWELL, TIMOTHY E SR STREET ADDRESS 3107 212TH STREET CITY-ST-ZIP LAKE CITY, FL 32024 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE OD NAME CLEMENTS, ALBERT STREET ADDRESS 3107 212TH STREET CITY-ST-ZIP LAKE CITY, FL 32024 | <input checked="" 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: <i>Timothy Bidwell</i> | | Date 4-16-07 Daytime Phone # 386 935 3022 | |