

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000128429

1. Entity Name
NORTHBANK EXECUTIVE SUITES, INC.



Principal Place of Business
2018 ERNEST ST.
JACKSONVILLE, FL 32204

Mailing Address
2018 ERNEST ST.
JACKSONVILLE, FL 32204

FILED

07 SEP 17 PM 2:40

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



09112007 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2260685	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WAGNER, KIMBERLY A.
2018 ERNEST ST.
JACKSONVILLE, FL 32204

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVTS
NAME	WAGNER, KIMBERLY A.
STREET ADDRESS	2018 ERNEST ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32204

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Kimberly Wagner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-11-07

Date

Daytime Phone #

300109596213
09/20/07-01020--002 **150.00

**DO NOT WRITE
IN THIS SPACE**