

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000138822

FILED  
Mar 28, 2006  
Secretary of State

Entity Name: NORTH FLORIDA FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

1018 W GEORGIA ST  
STARKE, FL 32091

## New Principal Place of Business:

1018 N. TEMPLE AVE.  
STARKE, FL 32091

## Current Mailing Address:

1018 W GEORGIA ST  
STARKE, FL 32091

## New Mailing Address:

P.O. BOX 296  
STARKE, FL 32091

FEI Number: 20-3715949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HARDY, DUDLEY P  
403 W GEORGIA ST  
STARKE, FL 32091 US

## Name and Address of New Registered Agent:

NOEGEL, LARRY S  
1018 N. TEMPLE AVE.  
STARKE, FL 32091 US

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: LARRY S NOEGEL

03/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NOEGEL, LARRY S  
Address: 15877 NE 15TH PLACE  
City-St-Zip: STARKE, FL 32091

Title: VPST ( ) Delete  
Name: NOEGEL, CAROL K  
Address: 1018 W GEORGIA ST  
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete  
Name: NOEGEL, CAROL K  
Address: 1018 W GEORGIA ST  
City-St-Zip: STARKE, FL 32091

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NOEGEL, LARRY S  
Address: 1018 N. TEMPLE AVE  
City-St-Zip: STARKE, FL 32091

Title: VPST (X) Change ( ) Addition  
Name: NOEGEL, CAROL K  
Address: 1018 N TEMPLE AVE  
City-St-Zip: STARKE, FL 32091

Title: D (X) Change ( ) Addition  
Name: NOEGEL, CAROL K  
Address: 1018 N. TEMPLE AVE  
City-St-Zip: STARKE, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL K. NOEGEL

VP

03/28/2006

Electronic Signature of Signing Officer or Director

Date