

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90090 031 ***158.75

DOCUMENT # P06000015685

1. Entity Name
NORTH SHORE BUILDERS, INC.



Principal Place of Business
950 CELEBRATION BLVD.
SUITE F
CELEBRATION, FL 34747

Mailing Address
950 CELEBRATION BLVD.
SUITE F
CELEBRATION, FL 34747

40054894



04032007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4234605

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID J. POWERS, P.A.
7777 GLADES ROAD
SUITE 300
BOCA RATON, FL 33434

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

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARCHELL, JEFFREY	
STREET ADDRESS	950 CELEBRATION BLVD. #F	
CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEMPEL, DONALD	
STREET ADDRESS	950 CELEBRATION BLVD. #F	
CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISSA, FRANCIS	
STREET ADDRESS	950 CELEBRATION BLVD. #F	
CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Jeffrey Marchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-07
Date

407566 4772
Daytime Phone #