

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-10-2007 90020 030 ***150.00

DOCUMENT # P06000025714

1. Entity Name

INTERLACHEN CONSTRUCTION SERVICES, INC.



Principal Place of Business
3538 NW 97TH BOULEVARD
GAINESVILLE FL 32606

Mailing Address
3538 NW 97TH BOULEVARD
GAINESVILLE FL 32606



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-4346816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Charles W. Nelson

Street Address (P.O. Box Number is Not Acceptable)

102 Lynnwood Ave

City

Interlachen

FL

Zip Code

32148

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]

Signature, typed or printed name of registered agent and title (not required)

(NOTE: Registered Agent's signature required when rechartering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	NELSON, CHARLES W	☐ Delete
STREET ADDRESS			3538 NW 97TH BOULEVARD	
CITY - ST - ZIP			GAINESVILLE FL 32606	
TITLE	D	NAME	BURROUGHS, THOMAS	☐ Delete
STREET ADDRESS			3538 NW 97TH BOULEVARD	
CITY - ST - ZIP			GAINESVILLE FL 32606	
TITLE	D	NAME	DRISCOLL, MICHAEL E	☒ Delete
STREET ADDRESS			3538 NW 97TH BOULEVARD	
CITY - ST - ZIP			GAINESVILLE FL 32606	
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY - ST - ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ 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 Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

352-331-1513

Daytime Phone