

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000093644

**FILED**  
**Jul 29, 2011**  
**Secretary of State**

**Entity Name:** NATIVE CONTRACTING CONSULTANTS OF FLORIDA, INC.

**Current Principal Place of Business:**

718 SHADOW BAY WAY  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

718 SHADOW BAY WAY  
OSPREY, FL 34229

**New Mailing Address:**

**FEI Number:** 26-3565276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MULLIS, MIKE  
718 SHADOW BAY WAY  
OSPREY, FL 34229 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: MULLIS, MIKE  
Address: 718 SHADOW BAY WAY  
City-St-Zip: OSPREY, FL 34229

Title: P  
Name: MULLIS, JAMIE  
Address: 718 SHADOW BAY WAY  
City-St-Zip: OSPREY, FL 34229

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL C. MULLIS

VP

07/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date