## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 04, 2006 8:00 am Secretary of State DOCUMENT # P97000078715 1. Entity Name 05-04-2006 90217 029 \*\*\*150.00 NORTH CENTRAL FLORIDA INVESTMENT CLUB, INC. Principal Place of Business Mailing Address 1410 N.W. 13TH STREET 1410 N.W. 13TH STREET GAINESVILLE FL 32601 GAINESVILLE FL 32601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) \0.7≥ )U,TZ= City & State 4. FEI Number Applied For 59-3476177 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEMA, RONALD J Street Address (P.O. Box Number is Not Acceptable) 1410 N.W. 13TH STREET SUITE 2 **GAINESVILLE FL 32601** City Zip Code 8. The above named exity 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 RONALO J. Shema 1-18-06 DATE SIGNATURE . ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2006 Fee Will Be \$550.00 -Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ☐ Delete Change SHEMA, ROHALD STE 9 SHEMA, RONALD J NAME NAME 1410 N.W. 13TH STREET, SUITE 2 STREET ADDRESS STREET ADDRESS GAINGSVILLE, FL 3 LGS) **GAINESVILLE FL 32601** CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE SHEMA, RONALO I. 1410 NW 13TH ST. STE 49 NAME NAME STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32601 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP 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 appears, with all other like empowered.

RONALD J. ShomA

SIGNATURE:

1-18-06

**FILED**