2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000078715

1. Entity Name

NORTH CENTRAL FLORIDA INVESTMENT CLUB, INC.



FILED
May 01, 2008 08:00 Al
Secretary of State

Principal Place of Business

1410 N.W. 13TH STREET

SUITE 9

GAINESVILLE, FL 32601

Mailing Address

1410 N.W. 13TH STREET

SUITE 9

GAINESVILLE, FL 32601



04292008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3476177

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEMA, RONALD J 1410 N.W. 13TH STREET SUITE 9 GAINESVILLE, FL 32601

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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, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000939920 05/28/08-80044-024	150,00
10. OFFICERS AND DIRECTORS						- 100100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SHEMA, RONALD J 1410 NW 13TH ST SUITE 9 GAINESVILLE, FL 32601					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEMA, RONALO J 1410 NW 13TH ST. STE 9 GAINESVILLE, FL 32601					
NAME STREET ADDRESS CITY-SY-ZIP	:			. DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN :	THIS SPACE	
TITLE NAME STREET ADDRESS . CITY-ST-ZIP		t.		1 ·		
TITLE 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:

SIGNATURE AND TYPEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08 Date

3 26 91-0 5

Daytime Phone