


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S50561</b> 1. Entity Name <b>NORTHEAST FLORIDA INVESTMENTS, INC.</b>		
Principal Place of Business <b>10503 FOREST BLVD SOUTH JACKSONVILLE, FL 32246</b>		Mailing Address <b>10503 FOREST BLVD SOUTH JACKSONVILLE, FL 32246</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>KELLY, HOPE M. 10503 FOREST BLVD S JACKSONVILLE, FL 32216</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRISON, JOSEPH M. 10503 FOREST BLVD S JACKSONVILLE, FL 32246	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KELLY, HOPE M. 10503 FOREST BLVD S JACKSONVILLE, FL 32246	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO HARRISON, RODGER M. 10507 FOREST BLVD S. JACKSONVILLE, FL 32246	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Hope M. Kelly</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>2/12/05</i> <i>904-6465190</i> <small>Date Daytime Phone #</small>



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3067151**

Applied For
Not Applicable

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

1100000228951  
02/14/05-80059-019 150.00

**DO NOT WRITE  
IN THIS SPACE**