

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080849

FILED
Apr 29, 2009
Secretary of State

Entity Name: NORTHWEST FLORIDA LAND INVESTMENTS, INC.

Current Principal Place of Business:

17687 ASHLEY DR
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 9088
PANAMA CITY BEACH, FL 32417

New Mailing Address:

FEI Number: 20-0955341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRINGTON, TERESA A
17687 ASHLEY DRIVE
PANAMA CITY BEACH, FL 32413 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: COX, RICHARD L JR
Address: POST OFFICE BOX 9088
City-St-Zip: PANAMA CITY BEACH, FL 32417

Title: D () Delete
Name: SEAMON, MICHAEL
Address: 1410 THURSO ROAD
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: FLEMING, DARRELL
Address: 124 RUSTY GANS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D () Delete
Name: HARRINGTON, TERESA
Address: 118 RUSTY GANS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD L COX JR

PSTD

04/29/2009

Electronic Signature of Signing Officer or Director

Date