2008 FOR PROFIT CORPORATION ANNUAL REPORT ---

DOCUMENT #314254

1. Entity Name NORTHWESTERN INC



FILED Jan 07, 2008 08:00 AN Secretary of State

Principal Place of Business

6308 MONTGOMERY AVE P.O. BOX 37219 PENSACOLA, FL 32526 Mailing Address

6308 MONTGOMERY AVE P.O. BOX 37219 PENSACOLA, FL 32526



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-1161009 Not Applicable

5. Certificate of Status Desired Fee Required Fee Required

6. Name and Address of Current Registered Agent

CHAVIS, CHARLES E. 6308 MONTGOMERY AVE. PENSACOLA, FL 32506

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

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 sig				required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finance Trust Fund Contribution.	· —	\$5.00 May Be Added to Fees	
10.	0. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAVIS, CHARLES E. 6308 MONTGOMERY AVE. PENSACOLA, FL 32526				U00000774447
NAME STREET ADDRESS CITY-ST-ZIP	VTDS CHAVIS, PATRICIA K. 6308 MONTGOMERY AVE. PENSACOLA, FL 32526				01/07/08-80015-005 158.75
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. , ,				
TITLE NAME STREET ADDRESS,			,		
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 suppliemental 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 the 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.					