# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 02, 2005 8:00 am**
**Secretary of State**
04-29-2005 90250 016 ****61.25

66020844

DOCUMENT # 750251

1. Entity Name
NORTHWICK ARMS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4000 3RD STREET NORTH<br>#202<br>ST. PETERSBURG, FL 33703-4805 | PO BOX 7696<br>ST. PETERSBURG, FL 33934 US |

03032005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 100 1st Ave S<br>Suite, Apt. #, etc.<br>281 |
| City & State | City & State<br>St. Petersburg FL |
| Zip / Country | Zip 33701 / Country US |

4. FEI Number 59-2071249 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| AMERICAN ENTERPRISES<br>PO BOX 7696<br>13017 PARK BLVD N<br>SAINT PETERSBURG, FL 33734 | Name AMB<br>Street Address (P.O. Box Number is Not Acceptable) 100 1st Ave S. #281<br>City St. Petersburg FL Zip Code 33701 |

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 _____ 5/31/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>JACKSON, KEN<br>4000 3RD ST., N #201<br>SAINT PETERSBURG, FL 33703 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Joyce Newman (P)<br>4000 3rd St #812<br>St. Petersburg FL 33703 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>TRAVIS, CLIFF<br>4000 3RD ST. N, #111<br>SAINT PETERSBURG, FL 33703 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Mary Ruso (T)<br>4000 3rd St<br>St. Petersburg FL 33703 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>WHITLEY, THERESA<br>4000 3RD ST. N, #207<br>SAINT PETERSBURG, FL 33703 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | <br>MCQUEEN, DAVID<br>4000 3RD ST. N, #209<br>SAINT PETERSBURG, FL 33703 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | (S) | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, JEANNE<br>4000 3RD ST. N, #306<br>SAINT PETERSBURG, FL 33703 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:** COPY 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR — Date — Daytime Phone #