

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000003881

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** MCBRIDE DEVELOPMENT OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

101 E. BRAINERD ST., STE C  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

101 E. BRAINERD ST., STE C  
PENSACOLA, FL 32501

**New Mailing Address:**

**FEI Number:** 54-1516412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCBRIDE, WILLIAM C  
320 WEST LLOYD STREET  
PENSACOLA, FL 32501 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

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: MCBRIDE, WILLIAM C  
Address: 101 E. BRAINERD ST., STE C  
City-St-Zip: PENSACOLA, FL 32501

Title: STD  
Name: MCBRIDE, KATHLEEN T  
Address: 101 E. BRAINERD ST., STE C  
City-St-Zip: PENSACOLA, FL 32501

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM C. MCBRIDE

PRES

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date