# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

### FILED Jan 24, 2007 8:00 am Secretary of State

DOCUMENT # F28772  1. Entity Name AMERICAN REALTY OF NORTHWEST FLORIDA, INC.					01-24-2007 90016 029 ***150.00					
Principal Plac	e of Business	Mailing Address				8	0005014	3		
1270 N EGLIN PARKWAY SHALIMAR, FL 32579		1270 N EGLIN PARKWAY Shalimar, Fl 32579				7				
Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01182007	Chg-P	CR2E03	4 (12/06)	•
City & State		City & State			4. FEI Number 59-2087359				plied For at Applicable	
Zip -	Country	Zip	Coun	try	,	5. Certificate	\$8.75 Additional Fee Required			
6. Name and Address of Current		egistered Agent				7. Name and	Address of New R	egistered Ag	ent	
				Name						
FRAZIER, GLORIA K 1270 N EGLIN PARKWAY BOX 875				Street Address (P.O. Box Number is Not Acceptable)						
SHALIMAF	R, FL 32579									
				City	City FL Zip Co					e
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its r	egistere	ed office or	register	ed agent, or bot	h, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE.										
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	d Agent signatu	ire required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.						.00 May Be ed to Fees				
10.	OFFICERS AND DIRECTORS		11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	P	Delete	TITLE						☐ Change	Addition
NAME	FRAZIER, GLORIA K		NAMI	l l						
STREET ADDRESS CITY-ST-ZIP	11 GRANDVIEW DR SHALIMAR, FL 32579			ET ADDRESS - St-Zip						
TITLÉ	V	☐ Delete TITU							Change	Addition
NAME	WILHELM, KATHLEEN S	LJ Delete	NAMI						ondingo	
STREET ADDRESS	5550 FLATWOODS DRIVE	STR		et address						
CITY-ST-ZIP	CRESTVIEW, FL 32536	·	CITY	-ST-ZIP			·			
TITLE	V	Delete	TITLE	:	V	arres 5			Change	Addition Addition
NAME STREET ADDRESS	HUGHES, DAWN P.O. BOX 726 N/A		NAMI			GHES, DAWN SHALIMAR COVE				
CITY-ST-ZIP	SHALIMAR, FL 32579			ET ADDRESS - ST- ZIP		ALIMAR FL 32579				
TITLE	V	Delete	TITLE						☐ Change	Addition
NAME	BUCHANAN, DOROTHY H		NAM							
STREET ADDRESS	P.O. BOX 875 N/A		STRE	et address						
CITY-\$T-ZIP	SHALIMAR, FL 32879		CITY-	-ST-ZIP						
TITLE	VP	☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS	FRAKES, LUCINDA J		NAM							
CITY-ST-ZIP	113 LISA MARIE SHALIMAR, FL 32579		1	ET ADDRESS -ST-ZIP						
TITLE	VP	☐ Delete	TITLE						Change	Addition
NAME	WILLIAMS, PATRICIA	المام	NAMI							_ : ===:::
STREET ADDRESS	245 ELDRIDGE RD	•		et address						
			4	-ST-ZIP						
12   haraby	partify that the information supplied with	this filing door not qualify for	the ove	amptione co	antainad	in Chapter 110	Elorida Statutos I	further certif	that the ir	oformation

12. I necess certify that the information supplied with this filling does not qualify for the exemptions contained 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 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: \_

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07

850 657-2454

Daytime Phone #

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#### Page 2 of 3 40005072 DOCUMENT # F28772 1. Entity Name AMERICAN REALTY OF NORTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 1270 N EGLIN PARKWAY 1270 N EGLIN PARKWAY SHALIMAR, FL 32579 SHALIMAR, FL 32579 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (12/06) 01182007 City & State City & State 4. FEI Number Applied For 59-2087359 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRAZIER, GLORIA K Street Address (P.O. Box Number is Not Acceptable) 1270 N EGLIN PARKWAY **BOX 875** SHALIMAR, FL 32579 City Zip Code 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 signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition NAME NAME RANDES, LINDA S. STREET ADDRESS STREET ADDRESS 1797 BRIDGEPORT COLONY LANE CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32547 TITLE Delete TITLE Change Addition NAME NAME PARKER, SHARON K. STREET ADDRESS STREET ADDRESS 315 YACHT CLUB DRIVE CITY-ST-ZIP CITY-\$T-ZIP FORT WALTON BEACH FL 32548 TITLE Delete TITLE ☐ Change Addition NAME NAME STAUSKAS, CATHERINE P. STREET ADDRESS STREET ADORESS 36 MARLBOROUGH CITY-ST-ZIP CITY-ST-ZIP SHALIMAR FL 32579 TITLE Delete ☐ Change ☐ Addition NAME NAME SEARS, SANDRA J. STREET ADDRESS STREET ADDRESS 675 FAIRWAY AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32547 Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME LAMBERT, PAULINE A.R. STREET ADDRESS 127 TWIN OAK DRIVE STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32536 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE DESGRANGES RAMONA J. NAME NAME STREET ADDRESS 71 LAKE LORRAINE CIRCLE STREET ADDRESS CITY-ST-ZIP SHALIMAR FL 32579 CITY-ST-ZIP 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 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 of 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 an other like empowered.

200. IGNING OFFICER OR DIRECTOR

SIGNATURE: \_

1/19/07 850 654 2454

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SIGNATURE: \_

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SNING OFFICER OR DIRECTOR

ATTACHMENT