


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90091 047 \*\*\*158.75

<b>DOCUMENT # G96390</b>	
1. Entity Name <b>MANAGEMENT ASSOCIATES, INC. OF N.W. FLORIDA</b>	

Principal Place of Business <b>220 W GARDEN ST STE 303 PENSACOLA, FL 32502 US</b>	Mailing Address <b>PO BOX 30038 PENSACOLA, FL 32503 US</b>
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2. Principal Place of Business - No P.O. Box # <b>3113 Brittany Pl</b> Suite, Apt. #, etc.	3. Mailing Address <b>3113 Brittany Pl</b> Suite, Apt. #, etc.
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City & State <b>Pensacola, FL</b>	City & State <b>Pensacola, FL</b>
Zip <b>32504</b>	Zip <b>32504</b>
Country <b>Escambia</b>	Country <b>Escambia</b>



01102007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>WILKES, CAROL F. 220 W. GARDEN ST. SUITE 303 PENSACOLA, FL 32501</b>	
7. Name and Address of New Registered Agent Name <b>Carol F. Wilkes</b> Street Address (P.O. Box Number is Not Acceptable) <b>3113 Brittany Pl</b> City <b>Pensacola</b> FL Zip Code <b>32504</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILKES, CAROL F. 3113 BRITTANY PL PENSACOLA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILKES, FRANK G. 3113 BRITTANY PL PENSACOLA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Carol F. Wilkes 1-10-07 850-4357334  
Carole F. Wilkes