

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83123

FILED
Apr 29, 2005
Secretary of State

Entity Name: NORTHWEST FLORIDA FACILITIES MANAGEMENT, INC.

Current Principal Place of Business:

137 EGLIN PARKWAY, SE
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

137 EGLIN PARKWAY, SE
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 59-2840927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAVEPRUNGSENUKUL, SARAS
137 EGLIN PARKWAY SE
FT. WALTON BEACH, FL 32548 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: TAVEPRUNGSENUKUL, SA, RAS
Address: 137 ELGIN PARKWAY SE
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SARAS TAVEPRUNGSENUKUL, _____

PTS

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date