

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83123

**FILED**  
**Apr 05, 2007**  
**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 Chapter 119, 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

PRES

04/05/2007

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

\_\_\_\_\_ Date