

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83123

**FILED**  
**Apr 02, 2012**  
**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 PRES  
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

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: TAVEPRUNGSENUKUL, SARAS  
Address: 137 EGLIN PARKWAY SE  
City-St-Zip: FT. WALTON BEACH, FL 32548

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: SARAS TAVEPRUNGSENUKUL

PRES

04/02/2012

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

\_\_\_\_\_ Date