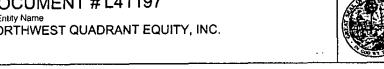
## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # L41197 NORTHWEST QUADRANT EQUITY, INC.

**FILED** Mar 19, 2007 08:00 A Secretary of State



Principal Place of Business **50 N LAURA STREET SUITE 2500** JACKSONVILLE, FL 32202 Mailing Address **50 N LAURA STREET** SUITE 2500 JACKSONVILLE, FL 32202



CR2E034 (11/05) No Chg-P 02262007

Applied For 4. FEI Number Not Applicable 59-2981552 \$8.75 Additional 5. Certificate of Status Desired Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOORE, TERRY A 50 N LAURA ST **SUITE 2500** JACKSONVILLE, FL 32202 DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the p ions of registered agent.	urpose of changing its registe	ered office or registered a	agent, or both, in the State of	Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title (	epplicable. (NOTE: Registe	ered Agent signature required when	n rainstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin     Trust Fund Contribution		May Be o Fees		
10. OFFICERS AND DIRECTORS				to the second	The Control of the Co	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32202  VD  KING, ROBERT F  5245 OLD KINGS RD					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				3. JU0000 3. JU0000 3. JU0000	20670235 7-80105-004 (150.00)	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO NOT I	WRITE	
TITLE NAME STREET ADDRESS				IN THIS S	SPACE	

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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

3700