

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90227 023 ***150.00

DOCUMENT # L41197

1. Entity Name
NORTHWEST QUADRANT EQUITY, INC.



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1100 **Suite 1100**
City & State City & State

Zip Country Zip Country

04072008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-2981552 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, TERRY A
50 N LAURA ST
~~SUITE 2500~~
JACKSONVILLE, FL 32202

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite 1100
City **FL** Zip Code

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 *[Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **MOORE, TERRY A** ☐ Delete
STREET ADDRESS **50 NORTH LAURA STREET, ~~SUITE 2500~~**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE VD
NAME **KING, ROBERT F** ☒ Delete
STREET ADDRESS **5245 OLD KINGS RD**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **Suite 1100** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08 **904-598-9929**
Date Daytime Phone #