


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L60737</b> 1. Entity Name NORTHWOOD STATION, INC.	
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Principal Place of Business 1660 N MONROE ST TALLAHASSEE, FL 32303 US	Mailing Address 8015 A SURF DR PANAMA CITY, FL 32408 US
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01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0354124	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HARRIS, FRED F JR. 2608 CLINE STREET TALLAHASSEE, FL 32308
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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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAMA, J. FRANKLIN 8015 A SURF DR PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HARRIS, FRED F JR. 101 E. COLLEGE AVE. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARRISON, GEORGE H 3535 N. MERIDIAN ROAD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITAKER, TRIPPE 2810 NE CAP. CIR. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRIPPE, WHITAKER PO BOX 12871 TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000378734  
01/09/06-80021-002 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-06 850-236-8557

Date

Daytime Phone #