


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90067 003 ***150.00

DOCUMENT # M75547 1. Entity Name EXECUTIVE PROPERTIES OF NORTHWEST FLORIDA, INC.	
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Principal Place of Business C/O GARY G TIPPENS 4400 BAYOU BLVD SUITE 6B PENSACOLA, FL 32503 US	Mailing Address C/O GARY G TIPPENS 4400 BAYOU BLVD SUITE 6B PENSACOLA, FL 32503 US
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44006030

DO NOT WRITE IN THIS SPACE

01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2892028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TIPPENS, GARY G.
4400 BAYOU BLVD., SUITE 6B
PENSACOLA, FL 32503**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

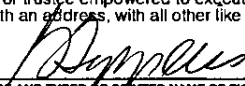
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TIPPENS, GARY G. 4400 BAYOU BLVD, SUITE 6B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV TIPPENS, GARY 4400 BAYOU BLVD, SUITE 6B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TIPPENS, GARY 4400 BAYOU BLVD, SUITE 6B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **1/28/04** **850-484-2906**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Overtime Phone # _____