

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90063 037 ***150.00

DOCUMENT # M75547					
1. Entity Name EXECUTIVE PROPERTIES OF NORTHWEST FLORIDA, INC.					
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		
2. Principal Place of Business 7282 Plantation Rd.		3. Mailing Address 7282 Plantation Rd.			
Suite, Apt. #, etc. Suite 403		Suite, Apt. #, etc. Suite 403		01162006 Chg-P CR2E034 (11/05)	
City & State Pensacola, FL		City & State Pensacola, FL		4. FEI Number 59-2892028	
Zip 32504		Country USA		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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD TIPPENS, GARY G. 4400 BAYOU BLVD, SUITE 6B PENSACOLA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV TIPPENS, GARY 4400 BAYOU BLVD, SUITE 6B PENSACOLA, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TIPPENS, GARY 4400 BAYOU BLVD, SUITE 6B PENSACOLA, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 1/26/06 Daytime Phone #: 850-484-2906		