

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000676

FILED
Feb 18, 2007
Secretary of State

Entity Name: ACTFWB INC.

Current Principal Place of Business:

665 DENTON BOULEVARD
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

665 DENTON BOULEVARD
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-3556263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUKE, GEORGE C
665 DENTON BLVD
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUKE, GEORGE C
Address: 665 DENTON BOULEVARD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S () Delete
Name: GOODHALL, ANTONY
Address: 665 DENTON BOULEVARD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D (X) Delete
Name: ERICKSON, ROY
Address: 665 DENTON BLVD.
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE C. DUKE

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