

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90057 026 ***150.00

DOCUMENT # P00000046315

1. Entity Name
EZ STREET OF NWF, INC.



Principal Place of Business
**2746 SUNRUNNER LN
GULF BREEZE, FL 32563**

Mailing Address
**2746 SUNRUNNER LN
GULF BREEZE, FL 32563**

40061651



2. Principal Place of Business - No P.O. Box #
3427 Edinborough Ct.

3. Mailing Address
3427 Edinborough Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292007 Chg-P CR2E034 (12/06)

City & State
Pensacola, FL

City & State
Pensacola, FL

4. FEI Number
59-3645518

Applied For
Not Applicable

Zip Country
32514 USA

Zip Country
32514 USA

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

6. Name and Address of Current Registered Agent

**SIMS, MELANIE M
2746 SUNRUNNER LN
GULF BREEZE, FL 32563**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3427 Edinborough Ct.

City

Pensacola

FL

Zip Code

32514

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **SIMS, MELANIE**
STREET ADDRESS **2746 SUNRUNNER LN**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3427 Edinborough Ct.**
CITY-ST-ZIP **Pensacola, FL 32514**

TITLE ☐ Change ☐ Addition
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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 address with an address, with all other like empowered.

SIGNATURE

Melanie Sims

Melanie Sims

4/16/07

(850)-859-1155

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #