


FILED
Feb 22, 2007 08:00 A
Secretary of State


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000053579
 1. Entity Name
SENTRYNET OF NORTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address
517 NORTH BAYLEN STREET **517 NORTH BAYLEN STREET**
PENSACOLA, FL 32501 **PENSACOLA, FL 32501**

DO NOT WRITE IN THIS SPACE



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3646749	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
AVRITT, DAVID J
517 NORTH BAYLEN STREET
PENSACOLA, FL 32501

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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D AVRITT, DAVID J 4812 HICKORY SHORES BLVD. GULF BREEZE, FL 32561
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 03/02/07-80061-024 150.00

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: *David J Avritt* **DAVID J AVRITT** 2/19/07 8504340087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #