

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000072171

1. Entity Name  
NWF ACCEPTANCE, INC.



Principal Place of Business  
707 NEW WARRINGTON RD  
PENSACOLA, FL 32506

Mailing Address  
707 NEW WARRINGTON RD  
PENSACOLA, FL 32506



01262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
35-2145927

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
C/O CT CORPORATION  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324

**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 \_\_\_\_\_

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000049236  
02/10/04-80057-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
GRIFFIN, KEVIN L  
707 NEW WARRINGTON RD  
PENSACOLA, FL 32506

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
JACKSON, WESLEY E  
6900 S GRAY RD  
INDIANAPOLIS, IN 46237

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
WILLIAMS, TERESA C  
11920 SANDDOLLAR CIR  
INDIANAPOLIS, IN 46256

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
JACKSON, BLAKE A  
5600 E SOUTHPORT RD  
INDIANAPOLIS, IN 46256

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
JACKSON, KYLE E  
5954 N COLLEGE AVE  
INDIANAPOLIS, IN 46220

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin L. Griffin 1/31/04

Date

850-455-4422

Daytime Phone #