

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000072178

1. Entity Name
NWF AUTO SALES, INC.



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

Mailing Address
707 NEW WARRINGTON RD
PENSACOLA, FL 32506

DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number
35-2145926

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
PLANATATION, 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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE V
NAME JACKSON, WESLEY E
STREET ADDRESS 6800 S GRAY RD
CITY-ST-ZIP INDIANAPOLIS, IN 46237

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

TITLE T
NAME JACKSON, BLAKE A
STREET ADDRESS 5600 E SOUTHPORT RD
CITY-ST-ZIP INDIANAPOLIS, IN 46237

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000229306
02/14/05-80071-023 150.00

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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)(f), 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

2/14/05

850-455-4422
Daytime Phone #