


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P01000086061 |  |
| 1. Entity Name FORD GUM OF NORTHWEST FLORIDA, INC. | |

| | |
|--|--|
| Principal Place of Business 118 ELOISE PLACE CRESTVIEW, FL 32536 | Mailing Address 118 ELOISE PLACE CRESTVIEW, FL 32536 |
|--|--|

DO NOT WRITE IN THIS SPACE



05012004 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 59-3740031 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MERRITT, OLAN MITCHELL JR.
118 ELOISE PLACE
CRESTVIEW, FL 32536**

**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 _____ (NOTE: Registered Agent signature required when reinstating)

000000157289
05/05/04-80020-019 150.00
DATE

| | | |
|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|--|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD MERRITT, OLAN MITCHELL JR. 118 ELOISE PLACE CRESTVIEW, FL 32536 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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)(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: Michael S. Duffie FOR OLAN MITCHELL MERRITT **4/30/04** **850/682-4357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #