

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90098 032 ***150.00

DOCUMENT # P01000088117 1. Entity Name A & C OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 4609 FORSYTH STREET BAGDAD, FL 32530			Mailing Address PO BOX 486 BAGDAD, FL 32530		
2. Principal Place of Business 850 HWY 29 SOUTH		3. Mailing Address 4227 MOORES LAKE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State CANTONMENT, FL		City & State DOVER, FL		4. FEI Number 59-3748356	
Zip 32533		Country ESCAMBIA		Zip 33527	
Country HILLSBOROUGH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent YATES, ANTHONY 4609 FORSYTH STREET BAGDAD, FL 32530				7. Name and Address of New Registered Agent Name ANTHONY YATES SR Street Address (P.O. Box Number is Not Acceptable) 4227 MOORES LAKE RD City DOVER FL 33527	
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 ANTHONY YATES SR (D) <i>Anthony</i> 4-20-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete YATES, CHERYL R 4609 FORSYTH STREET BAGDAD, FL 32530	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4227 MOORES LAKE RD DOVER FL 33527		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete YATES, ANTHONY 4609 FORSYTH STREET BAGDAD, FL 32530	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4227 MOORES LAKE RD DOVER FL 33527		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WALLACE, RICHARD A 4609 FORSYTH STREET BAGDAD, FL 32530	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Anthony</i> ANTHONY YATES SR 4-20-06 850 444 0007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					