



**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

5/4

05-05-2006 90180 032 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000093890</b>					
1. Entity Name <b>PLUS OF NORTHWEST FLORIDA, INC.</b>					
Principal Place of Business <b>186 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548</b>			Mailing Address <b>186 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3754225</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FELDMER, LEE A 186 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 reissuing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FELDMER, LEE A</b>		NAME		
STREET ADDRESS	<b>747 RANDAL ROBERTS ROAD</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>FT WALTON BEACH, FL 32547</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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, without other like empowered.					
SIGNATURE: 			6/26/06 850-244-6695		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytona Phone #		

66021073



03062008 Chg-P CR2E034 (11/05)


04/24/2006 00:17 9042446695  
04/24/2006 11:03 9502442200

BEACHPLUS  
SUSAN M. LUNBER LPA

PAGE 01

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## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P0100093100</b>			
1. Entity Name <b>PLUS OF NORTHWEST FLORIDA, INC.</b>			
Principal Place of Business <b>186 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548</b>		Filing Address <b>186 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548</b>	
2. Principal Place of Business		3. Mailing Address	
4. Apt. #, etc.		5. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>FELDMER, LEE A 186 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Lee Feldmeir</i>		LEE FELDMER 4-24-06	
FILE NOW! FEE IS \$100.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 (see Fee Added to Fees)	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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 furnished herein is true and correct and that the information indicated on this report or supplemental report is true and correct 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 a duly authorized person to execute this report as required by Chapter 607, Florida Statute; and that my name appears in Block 10 or Block 11 or on an attachment to this report.			
SIGNATURE: <i>Lee Feldmeir</i>		LEE A FELDMER 4-24-06 8502446695	

ATTACHMENT

66021073

**ATTACHMENT**  
**SUSAN M. SURBER, P.A.**  
CERTIFIED PUBLIC ACCOUNTANT

108 BEAL PARKWAY, SOUTH • FORT WALTON BEACH, FLORIDA 32548  
(850) 244-4108 • FAX (850) 244-2210

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#P01008093890

June 26, 2006

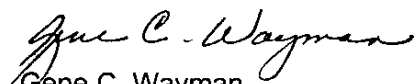
Division of Corporations  
PO Box 1500  
Tallahassee FL 32302-1500

Our client, Plus of Northwest Florida, Inc., received the enclosed letter concerning their annual report not being signed. We submitted several annual reports with faxed signatures and are concerned that the State is not accepting these submissions as valid. To our knowledge, this client is the only one to have their submission returned so far.

Our understanding is that a faxed signature is a valid substitute for an original, and we have been processing documents based on that premise to both the State and the federal government. The federal government accepts a signed faxed copy as a valid document.

Please clarify for us whether we may submit faxed signatures as valid signatures. Due to the nature of our business, many clients cannot come to our office to sign documents and we often use the fax machine to facilitate getting documents processed.

Respectfully yours,

  
Gene C. Wayman

GCW/tbg