

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90029 023 \*\*\*150.00



**DOCUMENT # P02000134039**  
 1. Entity Name  
**NLC OF NORTHWEST FLORIDA, INC.**

Principal Place of Business      Mailing Address  
**1401 E BELMONT ST**      **1401 E BELMONT ST**  
**PENSACOLA FL 32501**      **PENSACOLA FL 32501**

40052128



1st MOORE      CR2E034 (10/04)

*Established*

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 **20-1027150**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CAMPBELL, JAMES S**  
**501 COMMENDENCIA STREET**  
**PENSACOLA FL 32501-5641**

7. Name and Address of New Registered Agent  
 Name **Anthony L. Terhaar**  
 Street Address (P.O. Box Number is Not Acceptable) **1401 East Belmont St.**  
 City **Pensacola**      FL      Zip Code **32501**

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 L. Terhaar*      DATE **1/19/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CRONLEY, JAMES D</b>
STREET ADDRESS	<b>1401 EAST BELMONT STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TERHAAR, ANTHONY L</b>
STREET ADDRESS	<b>1401 EAST BELMONT STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowerments.

SIGNATURE: *Anthony L. Terhaar*      DATE **1/19/05**      Daytime Phone # **850-433-7007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR