


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000052258</b> 1. Entity Name <b>MATERIALS OF NW FLA, INC.</b>	
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Principal Place of Business <b>1099 STATE HWY 83 DEFUNIAK SPRINGS, FL 32433</b>	Mailing Address <b>1099 STATE HWY 83 DEFUNIAK SPRINGS, FL 32433</b>
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>51-0466474</b>	Applied For <input type="checkbox"/> 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  
  
**WESTMORELAND, J. LOFTON  
220 W GARDEN ST SUNTRUST TOWER 9TH FL  
PENSACOLA, FL 32501**

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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 reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>
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10. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<b>BELL, LARRY H</b>
NAME	
STREET ADDRESS <b>1099 STATE HWY 83</b>	
CITY-ST-ZIP <b>DEFUNIAK SPRINGS, FL 32433</b>	
TITLE <b>ST</b>	<b>BELL, PERRY H</b>
NAME	
STREET ADDRESS <b>381 SHOEMAKER DR</b>	
CITY-ST-ZIP <b>DEFUNIAK SPRINGS, FL 32433</b>	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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04/18/08-80048-021 158.75

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: *Perry Bell* **4/4/08 850-892-0291**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #