

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066209

Entity Name: NOW FACTOR, INC

FILED
Jan 16, 2004
Secretary of State

Current Principal Place of Business:

522 E. GOVERNMENT ST
SUITE #9
PENSACOLA, FL 32501 US

New Principal Place of Business:

1145 E ANDERSON ST
PENSACOLA, FL 32503 US

Current Mailing Address:

522 E. GOVERNMENT ST
SUITE #9
PENSACOLA, FL 32501 US

New Mailing Address:

1145 E ANDERSON ST
PENSACOLA, FL 32503 US

FEI Number: 20-0059591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKEY, RAYMOND G
913 GULF BREEZE PARKWAY
SUITE 5
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR () Change (X) Addition
Name: CHISM, COLEEN A PRES
Address: 522 E GOVERNMENT ST #9
City-St-Zip: PENSACOLA, FL 32502

Title: MS () Change (X) Addition
Name: CHISM, ROBERT A VP
Address: 522 E GOVERNMENT ST #9
City-St-Zip: PENSACOLA, FL 32502

Title: MR () Change (X) Addition
Name: CHISM, ROBERT T SEC
Address: 3600 N 12TH AVE
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLEEN A CHISM

PRES

01/16/2004

Electronic Signature of Signing Officer or Director

Date