

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066209

Entity Name: NOW FACTOR, INC

FILED  
May 13, 2005  
Secretary of State

## Current Principal Place of Business:

1145 E ANDERSON ST  
PENSACOLA, FL 32503 US

## Current Mailing Address:

1145 E ANDERSON ST  
PENSACOLA, FL 32503 US

## New Principal Place of Business:

522 E GOVERNMENT ST  
#9  
PENSACOLA, FL 32502 US

## New Mailing Address:

522 E GOVERNMENT ST  
#9  
PENSACOLA, FL 32502 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

05/13/2005

Electronic Signature of Signing Officer or Director

Date