


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90286 014 ***150.00

DOCUMENT # P03000115800 1. Entity Name NORTHWEST FLORIDA FIBERGLASS REPAIR, INC.					
Principal Place of Business 1516 OAK DRIVE GULF BREEZE, FL 32561			Mailing Address 1516 OAK DRIVE GULF BREEZE, FL 32561		
2. Principal Place of Business 1516 OAK DRIVE Suite, Apt. #, etc.		3. Mailing Address 1516 OAK DR Suite, Apt. #, etc.			
City & State Gulf Breeze, FL Zip 32563		City & State Gulf Breeze, FL Zip 32563		4. FEI Number 33-1072022	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, JAMES W JR 945 WEST MICHIGAN AVE SUITE 5B PENSACOLA, FL 32505			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, TIMOTHY 1516 OAK DRIVE GULF BREEZE, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Norris, Timothy J. 3871 Legend Creek Dr. Pace, FL 32571	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, DIANE 1516 OAK DRIVE GULF BREEZE, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 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 empowered.					
SIGNATURE: <u>Diane L. Norris</u> <u>Diane L. Norris</u>			Date <u>4-24-05</u> 850-698-5707		