## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90210 043 \*\*\*150.00

## DOCUMENT # P03000115800



NORTHV	VEST FLC	ORIDA FIBERGLA	SS REPAIR, INC.								
Principal Place of Business M			Mailing Address	Mailing Address			EONS				
1516 OAK DRIVE GULF BREEZE, FL 32563			1516 OAK DRIVE	•		4000	5908				
2. Principal F	Place of Busin	ess	3. Mailing Address			_ :					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03102006	Chg-P		34 (11/05)				
City & State		City & State		4. FEI Numbe	ı		Ar	oplied For			
Zip Country		Zip .	Zip Country			of Status Desired		\$8.75 Add			
6. Name and Address of Current Regis			Registered Agent	stered Agent			7. Name and Address of New Registered Agent				
S. Hallo and Addisso of Garlett Hoggstales Agent					Name						
KING, JAMES W JR 945 WEST MICHIGAN AVE SUITE 5B PENSACOLA, FL 32505					Street Address (P.O. Box Number is Not Acceptable)						
, ·											
								FL	Zip Cod		
<ol><li>The above the obligat</li></ol>	named entity tions of registe	submits this statement for ered agent.	or the purpose of changing its	s registere	d office or registe	ered agent, or both	n, in the State of Fl	lorida. I am f	amiliar with,	and accept	
SIGNATURE.	Signature, typed o	or printed name of registered agent	and title if applicable (NO	TE: Registered	Agent signature require	ed when reinstating)		DATE		<del></del> _	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campa Trust Fund Con			5.00 May Be ded to Fees					
10.	1					I					
TITLE		OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	FICERS AND	DIRECTOR	S IN 11	
	D		DIRECTORS  Delete	TITLE		ADDITIONS/0	CHANGES TO OFF	FICERS AND	DIRECTOR:	S IN 11	
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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:

SIGNING OFFICER OR DIRECTOR