

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115800

FILED
Apr 10, 2007
Secretary of State

Entity Name: NORTHWEST FLORIDA FIBERGLASS REPAIR, INC.

Current Principal Place of Business:

1516 OAK DRIVE
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

1516 OAK DRIVE
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 33-1072022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, JAMES W JR
945 WEST MICHIGAN AVE SUITE 5B
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC
465 S VOLUSIA AVE
SUITE C
ORANGE CITY, FL 32763 US

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: JAMISON MARK JESSUP SR

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NORRIS, TIMOTHY
Address: 1516 OAK DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: NORRIS, DIANE
Address: 1516 OAK DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: V (X) Delete
Name: NORRIS, TIMOTHY J
Address: 3071 LEGEND CREEK DR
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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: TIMOTHY NORRIS

D

04/10/2007

Electronic Signature of Signing Officer or Director

Date