

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90047 031 \*\*\*150.00

<b>DOCUMENT # P03000129409</b> 1. Entity Name <b>FLORIDA PALMS NORTHWEST, INC.</b>					
Principal Place of Business <b>6201 N. BLUE ANGEL PKWY. PENSACOLA, FL 32526</b>			Mailing Address <b>P.O. BOX 37093 PENSACOLA, FL 32526</b>		
2. Principal Place of Business <i>6201 N. BLUE ANGEL PKWY</i>			3. Mailing Address <i>STATE</i>		
Suite, Apt. #, etc. <i>FL</i>			Suite, Apt. #, etc. <i>STATE</i>		
City & State <i>PENSACOLA FL</i>			City & State <i>STATE</i>		
Zip <i>32526</i>			Country <i>USA</i>		
4. FEL Number <i>57-192825</i>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MITCHELL, JAMES J MR. 6201 N. BLUE ANGEL PKWY. PENSACOLA, FL 32526</b>				7. Name and Address of New Registered Agent  Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable)  City <i>FL</i> 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 <i>James J. Mitchell</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>3/21/05</i>					
<b>FILE NOW! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, PAM A MS. 1003 HWY. 95-A S CANTONMENT, FL 32533	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITCHELL, JAMES J MR. 6201 N. BLUE ANGEL PKWY. PENSACOLA, FL 32526	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT MITCHELL, JAMES J MR. 6201 N. BLUE ANGEL PKWY. PENSACOLA, FL 32526	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 
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 <i>James J. Mitchell</i> DATE <i>3/21/05</i> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

*(850) 478-0099*