

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000129405



1. Entity Name

FLORIDA PALMS NORTHWEST, INC.

Principal Place of Business

6201 N. BLUE ANGEL PKWY.
PENSACOLA FL 32526

Mailing Address

P.O. BOX 37093
PENSACOLA FL 32526



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **57-1192825**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, JAMES J MR.
6201 N. BLUE ANGEL PKWY.
PENSACOLA FL 32526

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	COOPER, PAM A MS.	
STREET ADDRESS	1003 HWY. 95-A S	
CITY-STATE-ZIP	CANTONMENT FL 32533	
TITLE	VP	☐ Delete
NAME	MITCHELL, JAMES J MR.	
STREET ADDRESS	6201 N. BLUE ANGEL PKWY.	
CITY-STATE-ZIP	PENSACOLA FL 32526	
TITLE	SECT	☐ Delete
NAME	MITCHELL, JAMES J MR.	
STREET ADDRESS	6201 N. BLUE ANGEL PKWY.	
CITY-STATE-ZIP	PENSACOLA FL 32526	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	U00000715148	
STREET ADDRESS	04/27/07-80053-001 150.00	
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recorder or trustee or authorized 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/07 (850) 418-0099