2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000157119

1. Entity Name

TOTALE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED Jan 08, 2007 8:00 am Secretary of State

01-08-2007 90241 012 ***150.00

Change

Change

☐ Addition

Addition

D&C IRR	IGATION OF NWF, INC.											
Principal Place of Business Mailing Address												
213 HUDSON DRIVE NW FT WALTON BEACH, FL 32548		21	213 HUDSON DRIVE NW FT WALTON BEACH, FL 32548				60000464					
2. Principal F	Place of Business - No P.O. Box #	3. N	failing Address			,						
									14 II ii ii ii 19911 7		80 00	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	01052007	Chg-P	CR2E	(12/06)		
City & State		С	City & State				4. FEI Number 74-3111	723			oplied For	
Zip Country			ip	itry		5. Certificate of			\$8.75 Add	ditional		
6. Name and Address of Current Registered Agent						•	7. Name and Address of New Registered Agent					
PENNANEN, DAVEY J					Name							
213 HUDSON DRIVE NW FT WALTON BEACH, FL 32548					Street Ad	ldress (f	P.O. Box Number	is Not Acceptable)			
3,7,7,2,6,7,5,2,6,2,6,6												
					City	ty FL Zip Code						
	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered age			-			when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution.			\$5 . Add	00 May Be ed to Fees		** **			
10.	OFFICERS AN	D DIREC	TORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AN	ID DIRECTOR	S IN 11	
TITLE			TITLI	Ε [_	☐ Change	☐ Addition		
NAME			NAM	I								
STREET ADDRESS CITY-ST-ZIP	213 HUDSON DRIVE NW FT WALTON BEACH, FL 3254	ρ			ET ADDRESS - ST-ZIP							
TITLE	TT WALTON BEACH, FL 3254	0										
NAME			☐ Delete	TITLE	- I					Change	☐ Addition	
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							
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NAME				NAM	E						_	
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							
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NAME STREET ADDRESS				NAM	•							
CITY-SI-ZIP					ET ADDRESS - ST - ZIP							

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Daver J. PENNAHEN 1-5-0> 850-31

Delete

☐ Defete