

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157447

FILED
Apr 07, 2009
Secretary of State

Entity Name: THE MOBILE ATTIC OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

4529 CHUMUCKLA HWY., SUITE B
PACE, FL 32571

New Principal Place of Business:

4529 CHUMUCKLA HWY
SUITE B
PACE, FL 32571

Current Mailing Address:

4529 CHUMUCKLA HWY., SUITE B
PACE, FL 32571

New Mailing Address:

4529 CHUMUCKLA HWY
SUITE B
PACE, FL 32571

FEI Number: 20-0572510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODALE, THOMAS F III
4529 CHUMUCKLA HWY., SUITE B
PACE, FL 32571 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILSON, JERRY R
Address: 4529 CHUMUCKLA HWY., SUITE B
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: WILSON, SARA M
Address: 4529 CHUMUCKLA HWY., SUITE B
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: GOODALE, THOMAS F III
Address: 4529 CHUMUCKLA HWY., SUITE B
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: GOODALE, LORI W
Address: 4529 CHUMUCKLA HWY., SUITE B
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:

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS F. GOODALE III

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date