


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P04000077320 1. Entity Name LDC OF NORTHWEST FLORIDA, INC.	
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Principal Place of Business 366 FORT PICKENS ROAD PENSACOLA BEACH, FL 32561	Mailing Address P.O. BOX 12204 PENSACOLA, FL 32591
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03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1122620	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOMYAK, JAMES D
366 FORT PICKENS ROAD
PENSACOLA BEACH, FL 32561

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOMYAK, JAMES D
STREET ADDRESS	366 FORT PICKENS ROAD
CITY - ST - ZIP	PENSACOLA BEACH, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____ *3-15-08* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #