


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90054 025 ***150.00

DOCUMENT # P04000078085	
1. Entity Name BLIND AMBITION OF N.W. FLORIDA, INC.	

Principal Place of Business 8985 HERON WALK DESTIN, FL 32550 US	Mailing Address 8985 HERON WALK DESTIN, FL 32550 US
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2. Principal Place of Business 615 Shore Drive	3. Mailing Address 615 Shore Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miramar Beach, FL	City & State Miramar Beach, FL
Zip 32550	Country US

6. Name and Address of Current Registered Agent NUNNALLY, ROBIN 8985 HERON WALK DESTIN, FL 32550	
7. Name and Address of New Registered Agent Name Nunnally, Robin Street Address (P.O. Box Number is Not Acceptable) 615 Shore Drive City Miramar Beach FL Zip Code 32550	

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 Robin R Nunnally <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Robin R Nunnally <small>(NOTE: Registered Agent signature required when constituting)</small>
	DATE 4/4/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P-DR NUNNALLY, ROBIN 8985 HERON WALK DESTIN, FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P-DR Nunnally, Robin 615 Shore Drive Miramar Beach, FL 32550 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robin R Nunnally <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Robin R Nunnally <small>Date</small> 4/4/05 <small>Daytime Phone #</small> 850-376-9538