
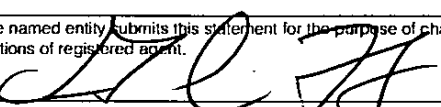



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90563 026 \*\*\*150.00

<b>DOCUMENT # P04000119039</b> 1. Entity Name <b>F &amp; W NORTH FLORIDA ENTERPRISES, INC.</b>					
Principal Place of Business <b>1055 TINDELL STREET BONIFAY, FL 32425</b>			Mailing Address <b>1055 TINDELL STREET BONIFAY, FL 32425</b>		
2. Principal Place of Business <b>3713 Highway 2</b> Suite, Apt. #, etc.		3. Mailing Address <b>3713 Highway 2</b> Suite, Apt. #, etc.			
City & State <b>Graceville, FL</b> Zip <b>32440</b>		City & State <b>Graceville, FL</b> Zip <b>32440</b>		4. FEI Number <b>20-1536718</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WATSON, RONNIE 1055 TINDELL STREET BONIFAY, FL 32425</b>				7. Name and Address of New Registered Agent Name <b>Glenn Flournoy</b> Street Address (P.O. Box Number is Not Acceptable)  <b>3713 Highway 2</b> City <b>Graceville</b> <b>FL</b> Zip Code <b>32440</b>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent also title, if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>4-29-05</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WATSON, RONNIE</b> <b>1055 TINDELL STREET</b> <b>BONIFAY, FL 32425</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Flournoy, Glenn</b> <b>3713 Highway 2</b> <b>Graceville, FL 32440</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FLOURNOY, GLENN</b> <b>3713 HIGHWAY 2</b> <b>GRACEVILLE, FL 32440</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>FLOURNOY, GLENN</b> <b>3713 HIGHWAY 2</b> <b>GRACEVILLE, FL 32440</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA</b> <b>WATSON, RONNIE</b> <b>1055 TINDELL STREET</b> <b>BONIFAY, FL 32425</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA</b> <b>Flournoy, Glenn</b> <b>3713 Highway 2</b> <b>Graceville, FL 32440</b> <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		
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:  <b>President</b> <b>4-29-05</b> <b>850-263-7401</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					