

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135844

FILED
Feb 07, 2005
Secretary of State

Entity Name: ADMINISTRATIVE SERVICES OF NWFL, INC

Current Principal Place of Business:

5616 BALSAM STREET
MILTON, FL 32583 US

New Principal Place of Business:

Current Mailing Address:

5616 BALSAM STREET
MILTON, FL 32583 US

New Mailing Address:

FEI Number: 11-3727980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ASHLEY M
5616 BALSAM STREET
MILTON, FL 32583 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: PD () Delete
Name: WILLIAMS, ASHLEY M
Address: 5616 BALSAM STREET
City-St-Zip: MILTON, FL 32583 US

Title: SD () Delete
Name: BARDEN, CHAD M.
Address: 5240 MORGAN RIDGE DR.
City-St-Zip: MILTON, FL 32570

Title: TD () Delete
Name: FAIRCLOTH, JUSTIN P.
Address: 7309 HAYWARD AVENUE
City-St-Zip: PENSACOLA, FL 32526

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: HARRIGILL, PAUL A
Address: 8230 PARKER ROAD
City-St-Zip: MILTON, FL 32570

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

Title: D () Change (X) Addition
Name: HALL, JAUNITA M
Address: 4452 THOMASTOWN ROAD
City-St-Zip: PACE, FL 32571 US

Title: D () Change (X) Addition
Name: ROBERTS, LEAH W
Address: 5533 DELONA ROAD
City-St-Zip: MILTON, FL 32583 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ASHLEY M. WILLIAMS

P

02/07/2005

Electronic Signature of Signing Officer or Director

_____ Date