

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041443

FILED  
Mar 20, 2008  
Secretary of State

**Entity Name:** SUNSET POINT DEVELOPMENT OF NWF, INC.

**Current Principal Place of Business:**

450 E. RACETRACK RD.  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 190  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

**FEI Number:** 20-2521132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOSTER, W. SCOTT  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547 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: P ( ) Delete  
Name: HENLEY, MITZI PRINCE  
Address: P.O. BOX 190  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: D ( ) Delete  
Name: HENLEY, MITZI PRINCE  
Address: P.O. BOX 190  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: VP ( ) Delete  
Name: HENLEY, MITZI PRINCE  
Address: P.O. BOX 190  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: S ( ) Delete  
Name: HENLEY, MITZI PRINCE  
Address: P.O. BOX 190  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: T ( ) Delete  
Name: HENLEY, MITZI PRINCE  
Address: P.O. BOX 190  
City-St-Zip: FORT WALTON BEACH, FL 32549

**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:

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:** MITZI HENLEY

PRES

03/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date