2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000081839

Address:

City-St-Zip:

229 COUNTRY CLUB RD

SHALIMAR, FL 32579

Entity Name: HNL OF NORTHWEST FLORIDA INCORPORATED

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
175 EGLIN	I PKWY			175 EGLIN PKWY, N	E	
UNIT A FORT WA	LTON BEACH	H FL 32548		UNIT A FORT WALTON BEA	ACH FL 32548	
	lailing Addre			New Mailing Addres		
Our circ in	idillig Addic	33.		New maning Addres		
175 EGLIN PKWY				175 EGLIN PKWY, NE		
UNIT A FORT WALTON BEACH, FL 32548			UNIT A FORT WALTON BEACH, FL 32548			
FEI Number:	: 26-0543789	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
COWEN, EDDIE 912 S PALM BLVD E				BAKER, DANA J D 175 EGLIN PKWY, NE UNIT A		
NICEVILLE, FL 32578 US				FORT WALTON BEACH, FL 32548 US		
	named entity e of Florida.	submits this statement for the	purpose o	f changing its registere	ed office or registered agent, or both,	
SIGNATURE: DANA BAKER				04/02/2009		
	Electro	nic Signature of Registered Ag	gent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	CTORS:		ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BAKER, KEEN 114 NEBRASK			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D (BAKER, DANA 13 DORAL DR SHALIMAR, FL			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name:	D (BAKER, JAME) Delete S		Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DANA BAKER	D	04/02/2009
-----------------------	---	------------