2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005
Secretary of State

DOCUMENT# P13435

Entity Name: WANT ADS OF FORT WALTON BEACH, INC.

Current Principal Place of Business:

514 MARY ESTHER CUTOFF
FT WALTON BEACH, FL 32548 US

New Principal Place of Business:

20011 EMERALD COAST PKWY.
DESTIN, FL 32541 US

Current Mailing Address:

20011 EMERALD COAST PWKY
DESTIN, FL 32541 US

New Mailing Address:

P.O. BOX 1659
DESTIN, FL 32540 US

FEI Number: 59-2282539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROOT, STEVE
Address: 225 N PACE BLVD
City-St-Zip: PENSACOLA, FL

Title: T ( ) Delete
Name: ROOT, DEANNA
Address: 225 N PACE BLVD
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete
Name: EARLES, CHARLES
Address: 20011 EMERALD COAST PKWY
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: CHRISTENSEN, ROBERT L
Address: 20011 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: TREESE, HARRY S
Address: 3901 WEST WACO DRIVE
City-St-Zip: WACO, TX 76710

Title: S ( ) Delete
Name: MODLIN, KIMBERLY
Address: 20011 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROOT, STEVE
Address: 225 N PACE BLVD
City-St-Zip: PENSACOLA, FL

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 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: KIMBERLY MODLIN S 05/10/2005

Electronic Signature of Signing Officer or Director Date