


**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90082 045 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P93000007232</b>					
1. Entity Name <b>ACQUISITIONS OF NORTHWEST FLORIDA, INC.</b>					
Principal Place of Business <b>503 N.W. HOLLYWOOD BLVD. MARY ESTHER, FL 32569</b>			Mailing Address <b>P.O. BOX 731 MARY ESTHER, FL 32569</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3160801</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WALLACE, W. WADE 5160 HWY 98 EAST SUITE 28 DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSB	<input type="checkbox"/> Delete	TITLE	PSB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, PAMELA B		NAME	CLARK, PAMELA B	
STREET ADDRESS	769 BARLEY PORT LN		STREET ADDRESS	15 PLANTATION OAKS DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, DUANE D		NAME	CLARK, DUANE D.	
STREET ADDRESS	769 BARLEY PORT LANE		STREET ADDRESS	15 PLANTATION OAKS DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Duane D. Clark</i> <b>DUANE D. CLARK</b>			Date: <b>4/18/2007</b> Daytime Phone: <b>850/695-1100</b>		