2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000012115'



FILED Jan 14, 2008 8:00 am Secretary of State

1. Entity Name H & R PROPERTIES OF NORTHWEST FLORIDA, INC.						01-14-2008 90091 013 ***150.00				
Principal Plac 2810 COPTE PENSACOLA,	R RD	Mailing Address PO BOX 7548 PENSACOLA, FL 325	-			4000 -				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				01042008 Chg-P CR2E034 (1			34 (12/06)			
Sty & State		City & State	City & State		-	4. FEI Number 59-3165999			plied For	
Zip 32514. Country		Zip	Countr	у		of Status Desired		\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
Name					ıe					
ROBERTSON, WILSON B 3057 KNOTTY PINE DRIVE PENSACOLA, FL 32505			ŀ	Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	e	
								<u> </u>		
	named entity submits this statement ions of registered agent.	for the purpose of changing i	its registere	d office or reg	gistered agent, or bo	in, in the State of F	lorida. I am t	amiliar with,	and accep	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (No	OTE: Registered	Agent signature re	equired when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Camp Trust Fund Co	-	cing	\$5.00 May Be Added to Fees					
10.	OFFICERS ANI	D DIRECTORS	11.	<u>-</u>	ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR!	S IN 11	
TITLE	PD	☐ Delete	TITLE					Change	Additio	
NAME	ROBERTSON, WILSON B		NAME	ì			-	- '		
STREET ADDRESS	3057 KNOTTY PINE DRIVE			T ADDRESS	N = . 2 = 4 =	10 01	205	00		
CITY-ST-ZIP	NORFOLK, VA 23505			ST-ZIP	Pensacoi	α , FL	Jaw	<u> </u>		
TITLE NAME	D HUNT, WILLIAM A	☐ Delete	TITLE NAME	l l				☐ Change	☐ Additio	
STREET ADDRESS	110 HIGHPOINT DRIVE			T ADDRESS						
CITY-ST-ZIP	GULF BREEZE, FL 32561			ST-ZIP						
TITLE		☐ Delete	TITLE		<u></u>		·	☐ Change	Additio	
NAME			NAME	i						
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP		 _		ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Additio	
NAME STREET ADDRESS	1			T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
TITLE	· ,	☐ Delete	TITLE				,	☐ Change	☐ Additio	
NAME	İ		NAME				5	_		
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP		·· <u>·</u>	CITY-	ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Additio	
NAME STREET ADDRESS			NAME STREE	T ADDRESS						
CITY_CT. 7IP				ST-71P						

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 an other like empowered.