

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # P94000090319

1. Entity Name
**PROFESSIONAL REHABILITATION CONSULTANTS OF
NORTHWEST FLORIDA, INC.**



Principal Place of Business
**164 COURTYARD CIR
SANTA ROSA BEACH, FL 32459**

Mailing Address
**POB 1898
SANTA ROSA BEACH, FL 32459**



05072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3286882

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROOKS, BEVERLY
164 COURTYARD CIR
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE
IN THIS SPACE**

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

B. Brooks

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000762472
05/30/07-89 5/1/07 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BROOKS, BEVERLY
164 COURTYARD CIR
SANTA ROSA BEACH, FL 32459**

TITLE
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IN THIS SPACE**

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:

Beverly G. Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07 89 267-3748
Date Daytime Phone #