

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000092039

FILED
Apr 04, 2008
Secretary of State

Entity Name: PADGETT BUSINESS SERVICES OF NORTH FLORIDA, INC.

Current Principal Place of Business:

17200 PANAMA CITY BCH PRKWY
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

17200 PANAMA CITY BCH PKWY
PANAMA CITY BEACH, FL 32413 US

Current Mailing Address:

17200 PANAMA CITY BCH PKWY
PANAMA CITY BEACH, FL 32413 US

New Mailing Address:

FEI Number: 59-3346038 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIMMONS, CRAIG A
17200 PANAMA CITY BCH PKWY
PANAMA CITY BEACH, FL 32413 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMMONS, CRAIG A
Address: 17200 PANAMA CITY BCH PKWAY
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: STD () Delete
Name: SIMMONS, RONYA K
Address: 17200 PANAMA CITY BCH PKWY
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VP () Delete
Name: SIMMONS, BENJAMIN T
Address: 17200 PANAMA CITY BCH PKY
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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.

SIGNATURE: CRAIG A SIMMONS

PD

04/04/2008

Electronic Signature of Signing Officer or Director

Date