

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061605

FILED
Apr 05, 2006
Secretary of State

Entity Name: PROFESSIONAL TRANSCRIPTIONS OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

1310 DUNMIRE STE B
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

3610 MISTY WOODS CIRCLE
PACE, FL 32571

New Mailing Address:

1310 DUNMIRE ST.
SUITE B
PENSACOLA, FL 32504

FEI Number: 59-3461087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, JEANNETTE
3610 MISTY WOODS CIRCLE
PACE, FL 32571 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: P () Delete
Name: NELSON, JEANNETTE
Address: 3610 MISTY WOODS CIR
City-St-Zip: PACE, FL 32571

Title: V () Delete
Name: FREEL, KATHERINE
Address: 2956 HWY 178
City-St-Zip: JAY, FL 32565

Title: V () Delete
Name: SAXTON, JACK
Address: 5927 GREENFIELD ST
City-St-Zip: PACE, FL 32571

Title: S () Delete
Name: ALLEN, JOANN
Address: 3622 MISTY WOODS CIRCLE
City-St-Zip: PACE, FL 32571

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:

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 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: JEANNETTE NELSON

P

04/05/2006

Electronic Signature of Signing Officer or Director

Date