

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000061605

1. Entity Name
**PROFESSIONAL TRANSCRIPTIONS OF NORTHWEST
FLORIDA, INC.**



Principal Place of Business
**1310 DUNMIRE STE B
PENSACOLA, FL 32504**

Mailing Address
**1310 DUNMIRE ST.
SUITE B
PENSACOLA, FL 32504**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3461087

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NELSON, JEANNETTE
3610 MISTY WOODS CIRCLE
PACE, FL 32571**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000582989
01/11/07-80055-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, JEANNETTE 3610 MISTY WOODS CIR PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREEL, KATHERINE 2956 HWY 178 JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAXTON, JACK 5927 GREENFIELD ST PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, JOANN 3622 MISTY WOODS CIRCLE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-07 850-478-5969