

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084989

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: TRILOGY CORPORATION OF NORTHWEST FLORIDA

## Current Principal Place of Business:

120 E MAIN STREET  
SUITE A  
PENSACOLA, FL 32501

## New Principal Place of Business:

120 E MAIN STREET  
SUITE A  
PENSACOLA, FL 32502

## Current Mailing Address:

120 E MAIN STREET  
SUITE A  
PENSACOLA, FL 32501

## New Mailing Address:

120 E MAIN STREET  
SUITE A  
PENSACOLA, FL 32502

FEI Number: 59-3482156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOOKMAN, ALAN B  
30 S. SPRING ST.  
PENSACOLA, FL 32501 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: NASH, NEAL B  
Address: 120 E MAIN STREET STE A  
City-St-Zip: PENSACOLA, FL 32501

Title: VTD ( ) Delete  
Name: MARKS, JAMES J J  
Address: 120 E MAIN STREET STE A  
City-St-Zip: PENSACOLA, FL 32501

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NASH, NEAL B  
Address: 120 E MAIN STREET STE A  
City-St-Zip: PENSACOLA, FL 32502

Title: VTD (X) Change ( ) Addition  
Name: MARKS, JAMES J J  
Address: 120 E MAIN STREET STE A  
City-St-Zip: PENSACOLA, FL 32502

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: NEAL B. NASH

PD

02/05/2009

Electronic Signature of Signing Officer or Director

Date