


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90206 010 \*\*\*150.00

<b>DOCUMENT # P98000027532</b> 1. Entity Name <b>FAC OF N.W. FLORIDA, INC.</b>																											
Principal Place of Business <b>RALEY DR BONIFAY, FL 32425</b>		Mailing Address <b>PO BOX 1103 CHIPLEY, FL 32428</b>																									
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2226 Hwy 177A</b> Suite, Apt. #, etc.																									
City & State Zip		City & State <b>Bonifay FL</b> Zip <b>32425</b>																									
Country		Country <b>Holmes</b>																									
4. FEI Number <b>59-3512542</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>WILEY, JAMIE 3275 QUAIL RIDGE DR CHIPLEY, FL 32428</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
DATE _____		SIGNATURE _____																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
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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.																											
<b>SIGNATURE:</b> <u><i>Jamie Wiley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-18-06</b> Daytime Phone # <b>850-547-2827</b>																									