


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000096455 1. Entity Name NORTHWEST FLORIDA VINYL, INC.	
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Principal Place of Business 806 GARRISON AVENUE PORT SAINT JOE, FL 32457	Mailing Address POST OFFICE BOX 132 PORT SAINT JOE, FL 32457
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08252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3543980	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES, FL 33134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000575608
 08/29/06-80009-016 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIFIELD, WARREN P O BOX 132 PORT ST JOE, FL 32457
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, MERSHEL L JR PO BOX 132 PORT SAINT JOE, FL 32457
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, SHON P O BOX 132 PORT ST JOE, FL 32457
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  Date: 8/17/06 Daytime Phone #: (850) 227-3641