


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P98000096455  
 1. Entity Name  
 NORTHWEST FLORIDA VINYL, INC.



Principal Place of Business      Mailing Address  
 806 GARRISON AVENUE      POST OFFICE BOX 132  
 PORT SAINT JOE, FL 32457      PORT SAINT JOE, FL 32457

**DO NOT WRITE IN THIS SPACE**



04072008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3543980      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES, FL 33134

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

U00000898269  
 04/25/08-80081-015 150.00

**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

4/17/08      850-227-3691  
 Date      Daytime Phone #