

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107909

FILED
Apr 28, 2007
Secretary of State

Entity Name: NORTHWEST FLORIDA PROFESSIONAL CONSULTING GROUP, INC.

Current Principal Place of Business:

P O BOX 490
CRESTVIEW, FL 32536

New Principal Place of Business:

6046 BUD MOULTON ROAD
CRESTVIEW, FL 32536

Current Mailing Address:

P O BOX 490
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-3577988 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TISLOW, JENNIFER
3150 BOBBY JONES DRIVE
MILTON, FL 32571 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: P () Delete
Name: TISLOW, JENNIFER D
Address: 3150 BOBBY JONES DRIVE
City-St-Zip: MILTON, FL 32571

Title: S () Delete
Name: JOHNS, RETA N
Address: P O BOX 201
City-St-Zip: MILLIGAN, FL 32537

Title: T () Delete
Name: MAX, CLARK W
Address: 6046 BLVD MOULTON RD
City-St-Zip: CRESTVIEW, FL 32536

Title: VP () Delete
Name: CLARK, TIMOTHY M
Address: P.O. BOX 758
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JENNIFER D. TISLOW

P

04/28/2007

Electronic Signature of Signing Officer or Director

Date