


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000016467 1. Entity Name WHOLE 9 YARDS OF N.W. FLORIDA, INC.	
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Principal Place of Business 1430 CO. HWY. 1087 DEFUNIAK SPRINGS, FL 32433	Mailing Address 1430 CO. HWY. 1087 DEFUNIAK SPRINGS, FL 32433
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**DO NOT WRITE IN THIS SPACE**



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3560386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BRIGANTI, DOMINICK 1430 CO. HWY. 1087 DEFUNIAK SPRINGS, FL 32433	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRIGANTI, DOMINICK 1430 CO. HWY. 1087 DEFUNIAK SPRINGS, FL 32433
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000000075321  
03/03/04-80054-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Dominick Briganti</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>3/3/04</u> 850 822 7796 Daytime Phone #
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