

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P99000075526**

1. Entity Name  
D&S OF NORTHWEST FLORIDA, INC.



Principal Place of Business  
3517 FALLING BROOK DR.  
PACE, FL 32571

Mailing Address  
3517 FALLING BROOK DR.  
PACE, FL 32571



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

GALLOWAY, SYLVIA  
3517 FALLING BROOK DR.  
PACE, FL 32571

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

1000000402460  
02/03/06-80003-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GALLOWAY, SYLVIA 3517 FALLING BROOK DR. PACE, FL 32571
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Sylvia M. Galloway  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06 850-994-5733  
Date Daytime Phone #

Sylvia M. Galloway