

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000088292

1. Entity Name
NORTHWESTERN GROUP MARKETING SERVICES OF
JACKSONVILLE, INC.



Principal Place of Business
245 RIVERSIDE AVE
SUITE 100
JACKSONVILLE, FL 32202

Mailing Address
245 RIVERSIDE AVE
SUITE 100
JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE



03102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3607706	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KOCH, WILLIAM S
245 RIVERSIDE AVENUE
100
JACKSONVILLE, FL 32202

**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

(Signature, typed or printed name of registered agent and title if applicable)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 KOCH, WILLIAM S
STREET ADDRESS 245 RIVERSIDE AVE SUITE 100
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D
NAME LANCASTER, VIRGIL G
STREET ADDRESS 111 RIVERSIDE AVENUE #210
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

42. 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

3/15/07 9043565155
Date Daytime Phone #