


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Mar 30, 2007 8:00 am
Secretary of State

03-14-2007 90034 024 ***150.00

DOCUMENT # P99000089836 1. Entry Name PROFESSIONAL SERVICES OF NORTHWEST FLORIDA, INC.		
Principal Place of Business 8205 EXCELSIOR DRIVE PENSACOLA, FL 32514	Mailing Address 8205 EXCELSIOR DRIVE PENSACOLA, FL 32514	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 02282007 No Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 4. FEI Number 59-3604394 </div> <div style="width: 35%;"> Applied For <input checked="" type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="width: 35%;"> \$8.75 Additional - Fee Required - </div> </div>		
6. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> WHITE, CHARLIE M SR 8205 EXCELSIOR DRIVE PENSACOLA, FL 32514 </div> <div style="width: 50%; text-align: center;"> DO NOT WRITE IN THIS SPACE </div> </div>		
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 <u>Charlie M. White, Sr. <i>Charlie M. White, Sr.</i></u> <u>3/5/07</u> DATE		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 </div> <div style="width: 40%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%;"></div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	D	NAME WHITE, ALICE C
STREET ADDRESS		8205 EXCELSIOR DRIVE <i>V. President</i>
CITY-ST-ZIP		PENSACOLA, FL 32514
TITLE	D	NAME WHITE, CHARLIE M SR
STREET ADDRESS		8205 EXCELSIOR DRIVE <i>President</i>
CITY-ST-ZIP		PENSACOLA, FL 32514
TITLE	O	NAME MCCOLLUM, JANET W
STREET ADDRESS		8205 EXCELSIOR DRIVE
CITY-ST-ZIP		PENSACOLA, FL 32514
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u><i>Janet W. McCollum</i></u> <u><i>Alice C. White VP</i></u> <u>3/26/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		