


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # S21968 1. Entity Name NORTHWEST FLORIDA MANAGEMENT CORPORATION	
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Principal Place of Business 7589 HIGHWAY 98 WEST PENSACOLA, FL 32506 US	Mailing Address P. O. BOX 3280 PENSACOLA, FL 32516 US
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DO NOT WRITE IN THIS SPACE

01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3044643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**ANDREWS, JOANNE F
7589 HWY 98 WEST
PENSACOLA, FL 32506**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, JOANNE F 3551 BEACH HAVEN COVE DRIVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FANNING, CLIFFORD E. 333 S. 61ST AVE., #1 PENSACOLA, FL 32506
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**DO NOT WRITE
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02/09/07-80015-019 150.00

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: Joanne F. Andrews **JOANNE F. ANDREWS** 2-1-07 850 4566676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #