


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90004 024 ****61.25


DOCUMENT # 737320

1. Entity Name
PANAMA CITY-BAY COUNTY HOME BUILDERS ASSOCIATION, INC.



Principal Place of Business 2428 LISENBY AVENUE P.O. BOX 979 PANAMA CITY, FL 32402	Mailing Address 2428 LISENBY AVENUE P.O. BOX 979 PANAMA CITY, FL 32402
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DO NOT WRITE IN THIS SPACE



06282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1584523	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

**JERRY FULCHER, EXECUTIVE OFFICER
 2428 LISENBY AVENUE
 PANAMA CITY BCH, FL 32405**

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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 _____

**Filing Fee is \$61.25
 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDMAN, BILL 3614 PRESERVE BLVD PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADDOCK, BILL PO BOX 59950 PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, JOHN PO BOX 7460 PANAMA CITY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLADSTONE, TOM PO BOX 16612 PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTZOG, CULLEN 1229 HUNTINGTON RIDGE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTHRIE, ALLEN 129 BAYOU DRIVE PANAMA CITY, FL

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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 617, 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:  **6/29/05**

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