


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # J92870		
1. Entity Name CHATEAU VENTURE OF PANAMA CITY BEACH, INC.		
Principal Place of Business 12525 HIGHWAY 98 WEST PANAMA CITY BEACH, FL 32407	Mailing Address 12525 HIGHWAY 98 WEST PANAMA CITY BEACH, FL 32407	
DO NOT WRITE IN THIS SPACE		



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2841776	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

HUTCHINSON, EDWARD A. JR ESQ,
 221 MCKENZIE AVE.
 PANAMA CITY, FL 32401

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 Sally M Tyler (NOTE: Registered Agent signature required when reinstating) DATE 04-15-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00

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	TD MCCORMICK, AMY Z 7019 N LAGOON DR PANAMA CITY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TYLER, SALLY 734 COUNTY RD 106 OZARK, AL 36360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCORMICK, CATHERINA N 11 HARBOROGUE ISLE FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000121243
 04/20/04-80042-019 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Sally M Tyler Date 04-15-04 Daytime Phone # 334-5138