


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90002 012 ***550.00

DOCUMENT # P00000016098

1. Entity Name
PANAMA MACKS OF PCB FL, INC.



Principal Place of Business Mailing Address

10510 FRONT BEACH ROAD, SUITE 157
 PANAMA CITY BEACH FL 32407 10510 FRONT BEACH ROAD, SUITE 157
 PANAMA CITY BEACH FL 32407

54071989



MOORE CR2E034 (4/04)

2. Principal Place of Business 3. Mailing Address

4205 CATHERINE STREET 4205 Catherine Street

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH, FL 32408

Zip Country Zip Country

32408 BAY 32408 BAY

4. FEI Number Applied For

59-3607494 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MADDOX, JOSEPH E
538 HARMON AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

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

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	LEVINS, GAY K
STREET ADDRESS	10510 FRONT BEACH ROAD # 157
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407
TITLE	VP <input type="checkbox"/> Delete
NAME	LEVINS, WESLEY M
STREET ADDRESS	10510 FRONT BEACH ROAFD # 157
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407
TITLE	ST <input type="checkbox"/> Delete
NAME	LEVINS, JOHN W
STREET ADDRESS	107, EL CENTRO BLVD.
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4205 CATHERINE STREET
CITY-ST-ZIP	PANAMA CITY BEACH FLORIDA 32408
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4205 CATHERINE STREET
CITY-ST-ZIP	PANAMA CITY BEACH FLORIDA 32408
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: Gay K Levins 9/05/04 850-234-7896

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