2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90202 008 ***150.00

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04242008 Chg-P CR2E034 (12/06)

DOCUMENT # P06000030426

1. Entity Name
PANAMA PINKY DINKY, INC.

Principal Place of Business	Mailing Address
615 SATSUMA AVE PANAMA CITY, FL 32401	615 SATSUMA AVE PANAMA CITY, FL 32401

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
19213 ALTA Vista Rd	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA CITY BEACH	City & State
Zip: 32413-1718 Country: USA	Zip / Country

4. FEI Number: 71-0999390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIVEY, JON
615 SATSUMA AVENUE
PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent

Name: SPIVEY, JONATHON G.
Street Address (P.O. Box Number is Not Acceptable): 19213 ALTA VISA DR
City: PANAMA CITY BEACH FL Zip Code: 32413-1718

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: Jonathon Spivey DATE: 4/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ Delete
NAME	SPIVEY, JON	
STREET ADDRESS	615 SATSUMA AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Jonathon Spivey 4/24/08 850-628-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #