

2008 FOR PROFIT CORPORATION ANNUAL REPORT

CLIENT COPY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000030426																											
1. Entry Name PANAMA PINKY DINKY, INC.																											
Principal Place of Business 615 SATSUMA AVE PANAMA CITY, FL 32401		Mailing Address 615 SATSUMA AVE PANAMA CITY, FL 32401																									
2. Principal Place of Business - No P.O. Box # 19213 ALTA VISTA RD		3. Mailing Address SAME																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State PANAMA CITY BEACH		City & State																									
Zip 32413-1718		Country USA																									
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 VISTA 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 qualifications of registered agent.																											
SIGNATURE: <i>Jonathon Spivey</i>		DATE: 4/24/08																									
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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04242008 Chg-P CR2E034 (12/08)

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Street Address (P.O. Box Number is Not Acceptable)
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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* DATE: 4/24/08 DAYTIME PHONE: 850-628-2002