


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000001728
1. Entity Name
ZEM, INC. OF PANAMA CITY



Principal Place of Business Mailing Address
13312 FRONT BEACH RD 137 N BID-A-WEE LN
PANAMA CITY, FL 32407 US PANAMA CITY BEACH, FL 32413 US

DO NOT WRITE IN THIS SPACE



03252006 No Chg-F CR2E034 (11/05)

4. FEI Number Applied For
59-3424719 Not Applicable

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

6. Name and Address of Current Registered Agent
**NABORS, SCOTT R
456 HARRISON 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | P |
| NAME | CASANOVA-RASCON, ZAIDA L |
| STREET ADDRESS | 137 N BID-A-WEE LN |
| CITY-ST-ZIP | PANAMA CITY BCH, FL 32413 |
| TITLE | VT |
| NAME | RASCON, MIGUEL A |
| STREET ADDRESS | 137 N BID-A-WEE LN |
| CITY-ST-ZIP | PANAMA CITY BCH, FL 32413 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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05/01/06-80034-016 150.00

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: M. D. NABORS **4-17-06** **850-230 9893**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #