


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90038 023 ***150.00

DOCUMENT # 006041	
1. Entity Name BAY COUNTY CHAMBER OF COMMERCE, INC.	

Principal Place of Business 235 WEST FIFTH STREET PANAMA CITY, FL 32401	Mailing Address 235 WEST FIFTH STREET PANAMA CITY, FL 32401
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

60013134

01312006 Chg-P CR2E034 (11/05)

4. FEI Number 59-0391375	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBERTS, CAROL A 235 W. 5TH ST PANAMA CITY, FL 32402	
--	--

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 <i>Carol A. Roberts</i> Signature, typed or printed name of registered agent and title if applicable.	<i>Carol A. Roberts, Executive Director</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>2/6/06</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBERTS, CAROL A 235 W 5TH ST PANAMA CITY, FL 32402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALTERS, ELIZABETH 235 W 5TH ST PANAMA CITY, FL 32402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCDONALD, GLEN 235 W 5TH ST PANAMA CITY, FL 32402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>McDonald, Glen 235 W. 5th St. Panama City, FL 32401</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEVE, SOUTHERLAND II 235 W. 5TH ST. PANAMA CITY, FL 32401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete <i>MIKE, ROSS 235 W 5TH ST PANAMA CITY, FL 32401</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Pete Norden 235 W. 5th St. Panama City, FL 32401</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Andy Phillips 235 W. 5th St. Panama City, FL 32401</i>

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 or without other like empowered.	
SIGNATURE: <i>Carol A. Roberts</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>Carol A. Roberts</i> Date <i>2/6/06</i> Daytime Phone # <i>(850) 785-5206</i>