2005

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 288760

1. Entity Name
RESORT AMUSEMENTS COMPANY

05 APR 20 PM 4:48

SEC..........STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
P.O. BOX 9438	P.O. BOX 9438
PANAMA CITY BEACH, FL 32417-9438 US	P.O. BOX 9438
	PANAMA CITY, FL 32417-9438 US

01212004   No Chg-P   CR2E034 (10/03)

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4. FEI Number	Applied For
59-1098354	Not Applicable

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

6. Name and Address of Current Registered Agent

PRESTON, RALPH ANDREW
111 COUNTRY PLACE
PANAMA CITY BEACH, FL 32408

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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 _____

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

5000546934665

FILE NOW!!! FEE IS $150.00.
After May 1, 2004 Fee Will be $550.00

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

May 17/05--01080--010 **150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PSD	
NAME	PRESTON, RALPH ANDREW	
STREET ADDRESS	111 COUNTRY PLACE	
CITY-ST-ZIP	PANAMA CITY, FL	
TITLE	VTD	
NAME	PRESTON, LILLIAN	
STREET ADDRESS	1904 PADDOCK CLUB DR	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407	
TITLE	D	
NAME	HEPLER, RUTH ANN 11249 Panther Creek	
STREET ADDRESS	~~1038 VAN WERT AVE~~ Parkway	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
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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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: *Ralph Andrew Preston*   *April 15, 2005*   *850-233-4976*

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

Ralph Andrew Preston