2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 288760

1. Entity Name
RESORT AMUSEMENTS COMPANY

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

DO NOT WRITE IN THIS SPACE

03012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1098354

☐ Applied For
☐ 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

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 _____ DATE
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, 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	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
STREET ADDRESS	11249 PANTHER CREEK 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	

U00000515428
04/29/06-80205-017 150.00

DO NOT WRITE IN THIS SPACE

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: Ralph Andrew Preston April 15, 2006 850-233-4972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #