


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # 288760	
1. Entity Name RESORT AMUSEMENTS COMPANY	

Principal Place of Business P.O. BOX 9438 PANAMA CITY BEACH, FL 32417-9438 US	Mailing Address P.O. BOX 9438 P.O. BOX 9438 PANAMA CITY, FL 32417-9438 US
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DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1098354	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD PRESTON, RALPH ANDREW 111 COUNTRY PLACE PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD PRESTON, LILLIAN 1904 PADDOCK CLUB DR PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEPLER, RUTH ANN 11249 PANTHER CREEK PARKWAY 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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05/01/07-80071-002 150.00

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: <i>Ralph Andrew Preston</i>	<i>April 15, 2007</i>	<i>850-233-4976</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #