2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 04, 2008 08:00 Al Secretary of State **DOCUMENT # 450769** 1. Entity Name PANAMA GENERATOR & ALTERNATOR, INC. Principal Place of Business Mailing Address 413 E 11TH ST. 413 E 11TH ST. PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1521372 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAMSEY, JOEY Street Address (P.O. Box Number is Not Acceptable) 413 E. 11TH ST. PANAMA CITY FL 32401 City 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 Signature, typed or printed hank of registered agent unif the ill amplicable (NOTE: Registered Agont's (ponture required when reinstituting) DATE FILE NOW!!!- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIT/F ☐ Defete ППЕ ☐ Addition HAAAAAAAAAA RAMSEY, JOSEPH NAME NAME 04/ĬŠŽÕŠ–ŠÕÕŠŽ–O15 150.00 STREET ADDRESS 1708 MISSOURI AVE STREET ADDRESS CITY-ST-ZI? LYNN HAVEN FL 32444 CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change Addition NAME RAMSEY, ALLEN MAME STREET ADDRESS 15245 BANKS DR. STREET ADDRESS CITY-ST-7/P SOUTHPORT FL 32409 CITY ST- 7P 2VP TITLE ☐ Deiete TITLE ☐ Change Addition NAME RAMSEY, KRISSY J NAME STREET ADDRESS STREET ADDRESS 1708 MISSOURI AVE CITY-ST-ZIP CITY-ST-7IP LYNN HAVEN FL 32444 Derete TITLE TITLE ☐ Change Addition | NAM? NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SE-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP TITLE Deiele TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

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: When 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: Signature Allo types on Printed NAME OF BIGNANG OFFICER OR DIRECTOR

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information