2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2006 8:00 am Secretary of State **DOCUMENT # 510573** 05-04-2006 90242 033 ***150.00 1. Entity Name PANACEA COASTAL PROPERTIES, INC. Principal Place of Business Mailing Address 12 JEN-BE-LOU P.O. BOX 608 PANACEA FL 32346 PANACEA FL 32346 2. Principal Place of Business 3. Mailing Address 56 Jer-Be-Lou Blud Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State PANACEA City & State 4. FEI Number Applied For 59-1619314 Not Applicable 323<u>46</u> Zip Country \$8.75 Additional US A 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DICKSON, WALTER B Street Address (P.O. Box Number is Not Acceptable) 12 JEN-BÉ-LOU PANACEA FL 32346 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change Addition DICKSON, WALTER B. 56 Jer-Be-Lou Blvd. DICKSON, WALTER B NAME NAME STREET ADDRESS 12 JER-BE-LOU BLVD. STREET ADDRESS PANACEA, Fl. 32346 CITY-ST-7IP PANACEA FL 32346 CITY-ST-7(P VP/S/D DICKSON, W. Brent 56 Jer-Be-Low Blud. TITLE ☐ Delete TITLE ☐ Addition NAME DICKSON, W. BRENT NAME STREET ADDRESS 12 JER-BE-LOU BLVD. STREET ADDRESS CITY-ST-ZIP PANACEA, FI. 32346 PANACEA FL 32346 CITY - ST- 7IP . Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST+7)P Defete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Defete ☐ Change ■ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

W. Brent Dickson

4-14-06

850-984-5752

FILED

Daytime Phone #