

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90067 040 \*\*\*150.00

**DOCUMENT # 542736**

1. Entity Name

CD OF PANAMA CITY, INC.



Principal Place of Business

225 WEST 23RD ST  
P.O. BOX 1260  
PANAMA CITY FL 32405  
US

Mailing Address

918 8TH AVE, SOUTH  
N/A  
NASHVILLE TN 37203  
US

34067763



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MOORE CR2E034 (11/03)

4. FEI Number 59-1762387

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKE, LES W.  
303 MAGNOLIA AVENUE  
PANAMA CITY FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☐ Delete  
NAME DANNER, ROGER  
STREET ADDRESS PO BOX 50537  
CITY-ST-ZIP NASHVILLE TN 37205

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME SUGGS, PAUL  
STREET ADDRESS 3241 COUNTRY CLUB DRIVE  
CITY-ST-ZIP LYNN HAVEN FL 32444 *Change →*

TITLE DP ☒ Change ☐ Addition  
NAME SUGGS, PAUL  
STREET ADDRESS P.O. Box 15296  
CITY-ST-ZIP PANAMA CITY, FL 32406

TITLE DST ☐ Delete  
NAME SUGGS, JANET  
STREET ADDRESS 3241 COUNTRY CLUB DRIVE  
CITY-ST-ZIP LYNN HAVEN FL 32444 *Change →*

TITLE DST ☒ Change ☐ Addition  
NAME SUGGS, JANET  
STREET ADDRESS P.O. Box 15296  
CITY-ST-ZIP PANAMA CITY, FL 32406

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Janet L. Suggs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

850-814-7363

Date

Daytime Phone #