

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 769328 1. Entity Name GULF PALMS OF PANAMA CITY BEACH, INC.	
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Principal Place of Business 4100 BILTMORE PANAMA CITY BEACH, FL 32408 US	Mailing Address C/O SUE MAGGARD, TREASURER 7915 CANNA DRIVE LOUISVILLE, KY 40258 US
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01082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 58-2044649	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, FRANKLIN
 304 MAGNOLIA
 PANAM CITY, FL 32401

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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 _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUESS, WAYNE 1350 LAKESHORE PKWY BRANDENBURG, KY 40108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGGARD, MARTY 7915 CANNA DR. LOUISVILLE, KY 40258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAGGARD, SUE 7915 CANNA DR LOUISVILLE, KY 40258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S METZMEIER, BETTY 10513 SUNLIGHT WAY LOUISVILLE, KY 40272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METZMEIER, NORBERT 10513 SUNLIGHT WAY LOUISVILLE, KY 40272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BORDERS, LEE 3506 BRIDGEGATE CT LOUISVILLE, KY 40272

U00000815550
 02/14/08-90013-022 61.25

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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 617, 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: Sue Maggard Sue Maggard, Treas. 2/1/08 562-93540127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #