


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F07000002537**

1. Entity Name  
**MIKE SCHMITZ LUXURY IMPORTS OF PANAMA CITY, INC.**



Principal Place of Business      Mailing Address

901 S OATES ST      2106 W 15TH STREET  
 DOTHAN, AL 36301      PANAMA CITY, FL 32401

**DO NOT WRITE IN THIS SPACE**



01142008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>20-8729590</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**EIDENBERG, MICHAEL A**  
 2106 W 15TH STREET  
 PANAMA CITY, FL 32401

**DO NOT WRITE IN THIS SPACE**

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 MICHAEL A. EIDENBERG      DATE 1-15-08

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**  
**After May 1, 2008 Fee will be \$550.00**

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	P SCHMITZ, MICHAEL D 3202 BROOKSIDE DR DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SLAY, E. CAREY JR 114 VILLAGE LANE DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/23/08-80001-005 158.75

**DO NOT WRITE IN THIS SPACE**

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: [Signature]      Date 1/15/2008      Daytime Phone # 334) 794-6716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR