## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # G31610 SAGA ENTERPRISES OF PANAMA CITY, INC. Principal Place of Business Mailing Address 2928 CANAL DRIVE PANAMA CITY FL 32405 2928 CANAL DRIVE PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2277901 Not Applicat Ziρ Country Zip 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 GAYESKI, JOHN F Street Address (P.O. Box Number is Not Acceptable) 2928 CANAL DR PANAMA CITY FL 32405 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 name of registered agent and title if applicable (NOTE, Registered Agent eignature required when re-instaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 80 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State tū. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Additi--☐ Delete 717LE ☐ Change MAME GAYESKI, JOHN F እነላለበ STREET ADDRESS 2928 CANAL DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 00000 CITY-ST-ZIP TITLE ☐ Defeto TITLE ☐ Change Additlan NAME TARALE STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY - ST- ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZT CITY-SI-ZIP TALE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NARIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete MA Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7TP CITY-ST-ZIP

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.

SIGNATURE: Ophit Hayer

JOHN F. GAMESKI

02/27/06

850-785-6177

**FILED** 

Feb 28, 2006 08:00 AM