

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # G46735 1. Entity Name PINNACLE PORT REALTY CORPORATION	
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Principal Place of Business 23223 FRONT BEACH RD. PANAMA CITY BEACH, FL 32413-1008	Mailing Address 23223 FRONT BEACH RD. PANAMA CITY BEACH, FL 32413-1008
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04012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2307975	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, JANET R
23223 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**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	T
NAME	HILKMAN, MARK
STREET ADDRESS	4189 LOCH HIGHLAND PKWY
CITY-ST-ZIP	ROSWELL, GA 30075
TITLE	P
NAME	JONES, JANET R
STREET ADDRESS	23223 FRONT BEACH RD
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	S
NAME	REID, ROBERT
STREET ADDRESS	6024 COOK DR
CITY-ST-ZIP	MILFORD, OH 45160
TITLE	C
NAME	WILLIS, JACK
STREET ADDRESS	P.O. BOX 1032
CITY-ST-ZIP	WAYNESBORO, GA 30830
TITLE	VP
NAME	HOUSER, JOHN
STREET ADDRESS	815 RED MAPLE LANE
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	D
NAME	BROWN, HAROLD
STREET ADDRESS	RFD2 BOX 627
CITY-ST-ZIP	OZARK, AL 36360

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04/19/06-80001-024 150.00

**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 19, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET R. JONES
President

Date

Daytime Phone #

4/1/06

850 814-4548