

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90030 005 ***150.00

DOCUMENT # G85626

1. Entity Name
SPINNAKER III OF PANAMA CITY BEACH, INC.



Principal Place of Business
**8795 THOMAS DR
P. O. BOX 9300
PANAMA CITY BCH, FL 32417**

Mailing Address
**8795 THOMAS DR
P. O. BOX 9300
PANAMA CITY BCH, FL 32417**

50056746



07192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2378624

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPARKMAN, W.B., III
8795 SOUTH THOMAS DRIVE
PANAMA CITY BCH, FL 32408**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
SPARKMAN, W. B., III
8795 S THOMAS DR
PANAMA CITY BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SPARKMAN, W.B., III
8795 S THOMAS DR
PANAMA CITY BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SHANNAHAN, JOHN
8795 THOMAS DR.
PANAMA CITY, FL 32408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

J Shanahan