

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90256 044 \*\*\*158.75

**DOCUMENT # J43672**

1. Entity Name

PANAMA CITY PILOTS, INC.



Principal Place of Business

C/O JAMES W. FULLER  
4105 W. 17TH STREET  
PANAMA CITY FL 32401

Mailing Address

C/O JAMES W. FULLER  
4105 W. 17TH STREET  
PANAMA CITY FL 32401



2. Principal Place of Business

C/O Richard N. Frudaker

3. Mailing Address

C/O Richard N. Frudaker

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2880 Tupelo Dr

2880 Tupelo Dr

City & State

City & State

Panama City, FL

Panama City, FL

Zip

Country

Zip

Country

32405

USA

32405

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2736032

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FULLER, JAMES W.  
4105 W. 17TH STREET  
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name Richard N. Frudaker

Street Address (P.O. Box Number is Not Acceptable)

2880 Tupelo Dr

City

Panama City

FL

Zip Code

32405

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

*Richard N. Frudaker*

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

(NOTE: Registered Agent signature required when reinstating)

3-14-2006

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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	PD FULLER, JAMES W. 4105 W. 17TH ST. PANAMA CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FULLER, PATRICIA M. 4105 W. 17TH STREET PANAMA CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRUDAKER, RICHARD N 2880 TUPELO DRIVE PANAMA CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard N. Frudaker 2880 Tupelo Dr Panama City, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Marsha M. Frudaker 2880 Tupelo Dr. Panama City, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Richard N. Frudaker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2006 850 785-2524

Date

Daytime Phone #