2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2012
Secretary of State

DOCUMENT# J50474

Entity Name: MIRACLE STRIP-SHIPWRECK ISLAND CORPORATION

Current Principal Place of Business:

12201 HUTCHISON BLVD
PANAMA CITY BEACH, FL 32407 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2000
PANAMA CITY, FL 32402 US

New Mailing Address:

FEI Number: 59-2749428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTCHISON, EDWARD A JR
221 MCKENZIE AVE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: JOLLY, MARY ELAINE
Address: 624 OAK AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: PD
Name: LARK, WILLIAM E SR.
Address: 624 OAK AVE
City-St-Zip: PANAMA CITY, FL

Title: AS
Name: BURKE, LES W
Address: 221 MCKENZIE AVE
City-St-Zip: PANAMA CITY, FL

Title: STD
Name: LARK, WILLIAM E JR.
Address: 624 OAK AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D
Name: MOODY, JAMES R IV
Address: 1904 WILSON AVENUE
City-St-Zip: PANAMA CITY, FL 32405 US

Title: D
Name: JINKS, RUSSELL M
Address: 1904 WILSON AVENUE
City-St-Zip: PANAMA CITY, FL 32405 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM E LARK SR P 02/06/2012

Electronic Signature of Signing Officer or Director Date