
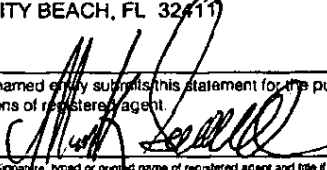
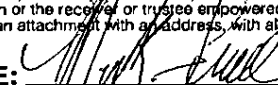


2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/8.

FILED
May 05, 2004 8:00 am
Secretary of State

04-08-2004 90036 028 ***150.00

DOCUMENT # L35455 1. Entity Name GMR OF PANAMA CITY, INC.					
Principal Place of Business P.O. BOX 27970 PANAMA CITY BEACH, FL 32411 US			Mailing Address P.O. BOX 27970 PANAMA CITY BEACH, FL 32411 US		
2. Principal Place of Business 2208 Ten Oaks Drive Suite, Apt. #, etc.			3. Mailing Address 2208 Ten Oaks Drive Suite, Apt. #, etc.		
City & State Tallahassee FL Zip 32312			City & State Tallahassee FL Zip 32312		
Country USA			Country USA		
4. FEI Number 58-1150387			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SWEET, ARNOLD H. 1520 TROUT L AVE APT 1401 PANAMA CITY BEACH, FL 32411			7. Name and Address of New Registered Agent Name Mark Sweet Street Address (P.O. Box Number is Not Acceptable) 2208 Ten Oaks Drive City Tallahassee FL Zip Code 32312		
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SWEET, ARNOLD H. 1520 TROUT L AVE PANAMA CITY BCH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	A <input type="checkbox"/> Change <input type="checkbox"/> Addition Mark Sweet 2208 Ten Oaks Drive Tallahassee FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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: 			427-04 850-668-4071		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		