
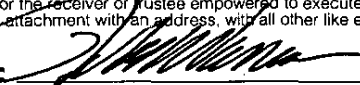


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90156 032 ****61.25

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------|
| DOCUMENT # N02000004425 1. Entity Name PANAMA CITY BEACH INDIAN SUMMER FESTIVALS, INC. | | | |  | |
| Principal Place of Business 17001 PANAMA CITY BCH PKWY PANAMA CITY BCH, FL 32413 | | | Mailing Address 17001 PANAMA CITY BCH PKWY PANAMA CITY BCH, FL 32413 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 82-0548507 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent WARREN, ROBERT L 17001 PANAMA CITY BCH PKWY PANAMA CITY BCH, FL 32413 | | | | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WARREN, ROBERT L 17001 PANAMA CITY BEACH PKWY PANAMA CITY BCH, FL 32413 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST Bill Mathieu 110 S. Arnold Road Panama City Beach, FL 32413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PHILLIPS, ANDY 11212 FRONT BEACH ROAD PANAMA CITY BCH, FL 32407 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Robert Blackerby 19806 Panama City Beach Parkway Panama City Beach, FL 32413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD PATRONIS, THEO 5551 N. LAGOON DRIVE PANAMA CITY BCH, FL 32408 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Theo Patronis 5551 N. Lagoon Drive Panama City Beach, FL 32408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD KHAN, CODY 11127 FRONT BEACH ROAD PANAMA CITY, FL 32407 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Cody Khan 11127 Front Beach Road Panama City Beach, FL 32407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, RUSS 9450 S. THOMAS DRIVE PANAMA CITY, FL 32408 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gary Jones 2541 Ferol Lane Lynn Haven, FL 32444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SULLIVAN, LEE 110 S. ARNOLD ROAD PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC Lee Sullivan 110 S. Arnold Road Panama City Beach, FL 32413 <input checked="" 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 617, 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:  | | | Robert L. Warren | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |

50024317



01062005 Chg-NP CR2E037 (10/03)

3-8-05 850-233-5070

ATTACHMENT

#N02000004425-
50024317

Addition

D

Mike Thomas
17554 Panama City Beach Parkway
Panama City Beach, FL 32413