

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-27-2006 90022 042 \*\*\*\*61.25

<b>DOCUMENT # N02000004425</b>					
<b>1. Entity Name</b> PANAMA CITY BEACH INDIAN SUMMER FESTIVALS, INC.					
<b>Principal Place of Business</b> 17001 PANAMA CITY BCH PKWY PANAMA CITY BCH, FL 32413			<b>Mailing Address</b> 17001 PANAMA CITY BCH PKWY PANAMA CITY BCH, FL 32413		
<b>2. Principal Place of Business</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042006 Chg-NP CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 82-0548507	
Zip		Zip		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WARREN, ROBERT L 17001 PANAMA CITY BCH PKWY PANAMA CITY BCH, FL 32413			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to - - Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P WARREN, ROBERT L 17001 PANAMA CITY BEACH PKWY PANAMA CITY BCH, FL 32413	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVC Gary Jones 2541 Ferol Lane Lynn Haven, FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, ANDY 11212 FRONT BEACH ROAD PANAMA CITY BCH, FL 32407	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D Robert Blackerby 19806 Panama City Beach Pkwy. Panama City Beach, FL 32413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	STD PATRONIS, THEO 5551 N. LAGOON DRIVE PANAMA CITY BCH, FL 32408	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D Jason Oakes 12001 Front Beach Road Panama City Beach, FL 32407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, CODY 11127 FRONT BEACH ROAD PANAMA CITY, FL 32407	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D Jim Lawson 323 Hidden Island Drive Panama City Beach, FL 32408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RUSS 9450 S. THOMAS DRIVE PANAMA CITY, FL 32408	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 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
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	C SULLIVAN, LEE 110 S. ARNOLD ROAD PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D Ken Nelson 110 S. Arnold Road Panama City Beach, FL 32413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 1/24/06 Daytime Phone #					

ATTACHMENT

60006883

# N0200000 4425

D  
Mike Thomas  
P. O. Box 1818  
Panama City, FL 32402

Addition