

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90049 010 ****61.25

DOCUMENT # N04000005176

1. Entity Name
PANAMA CITY MAIN STREET, INC.



Principal Place of Business
**413 HARRISON AVE
PANAMA CITY, FL 32401**

Mailing Address
**413 HARRISON AVE
PANAMA CITY, FL 32401**

40064101



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
01-0809312

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STUART, RICHARD C
413 HARRISON AVE
PANAMA CITY, FL 32401**

Name **Sanger, Doran A**

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

413 Harrison Avenue

City **Panama City** FL Zip Code **32401**

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

DORAN A. SANGER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **D** ☒ Delete
NAME **ANDERSSON, JUSTIN**
STREET ADDRESS **228 HARRISON AVE, SUITE 203**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **D** ☐ Change ☒ Addition
NAME **Bozarth, John**
STREET ADDRESS **455-B Harrison Avenue**
CITY-ST-ZIP **Panama City, FL 32401**

TITLE **D** ☒ Delete
NAME **SLOAN, TIMOTHY J**
STREET ADDRESS **427 MCKENZIE AVE**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **D** ☐ Change ☒ Addition
NAME **Dowdy, Emily**
STREET ADDRESS **P.O. Box 71**
CITY-ST-ZIP **Panama City, FL 32402**

TITLE **T** ☐ Delete
NAME **KOEHNEMANN, ROB**
STREET ADDRESS **459 GRACE AVE**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **C** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **COLLINS, BAYNE**
STREET ADDRESS **465 HARRISON AVE**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **D** ☐ Change ☒ Addition
NAME **Christo, George**
STREET ADDRESS **940 West Beach Drive**
CITY-ST-ZIP **Panama City, FL 32401**

TITLE **C** ☐ Delete
NAME **ANDERSON, DON**
STREET ADDRESS **550 HARRISON AVE**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **VC** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HUTCHISON, EDWARD**
STREET ADDRESS **221 MCKENZIE AVE**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **T** ☐ Change ☒ Addition
NAME **Hurst, Robert**
STREET ADDRESS **21 West Oak Avenue**
CITY-ST-ZIP **Panama City, FL 32401**

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.

SIGNATURE:

DORAN A. SANGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07 880-785-2557

Date

Daytime Phone #

Additional Director:

Pineche, Tony