


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90026 032 ****61.25

DOCUMENT # N04706 1. Entity Name CLASSIC CRUISERS OF PANAMA CITY, INC.					
Principal Place of Business 4018 NAPOLI ROAD PANAMA CITY, FL 32405			Mailing Address 4018 NAPOLI ROAD PANAMA CITY, FL 32405		
2. Principal Place of Business - No P.O. Box # 4018 NAPOLI RD		3. Mailing Address 4018 NAPOLI RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PANAMA CITY FL		City & State PANAMA CITY FL		4. FEI Number 59-2672760	
Zip 32405		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CLEMENS, BILL 4008 E. 12TH COURT PANAMA CITY, FL 32404			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>William H CLEMENS</u> <u>William H Clemens</u> <u>24 JAN 2008</u> <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, 2008		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 P NAME CREWS, BILL STREET ADDRESS 4018 NAPOLI ROAD CITY-ST-ZIP PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		TITLE P NAME COLE ROB STREET ADDRESS 317 GREENWOOD DR CITY-ST-ZIP PANAMA CITY BEACH FL 32407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME DUGGINS, JEFF STREET ADDRESS 6105 BOATRACE ROAD CITY-ST-ZIP PANAMA CITY, FL 32404	<input type="checkbox"/> Delete		TITLE T NAME WILLIAM H CLEMENS STREET ADDRESS 4008 E 12TH CT CITY-ST-ZIP PANAMA CITY FL, 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME ANDERSON, KEN STREET ADDRESS 147 CANDLEWICK CIRCLE CITY-ST-ZIP PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		TITLE D NAME CREWS BILL STREET ADDRESS 4018 NAPOLI RD CITY-ST-ZIP PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME LEHR, BARBARA STREET ADDRESS 5158 TIFFANY LANE CITY-ST-ZIP PANAMA CITY, FL 32404	<input type="checkbox"/> Delete		TITLE S NAME ANDERSON KEN STREET ADDRESS 147 CANDLEWICK CIR CITY-ST-ZIP PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SURBER, MURIEL STREET ADDRESS 4105 GAINES STREET CITY-ST-ZIP PANAMA CITY, FL 32404	<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 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 817, 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: <u>William H Clemens</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>24 JAN 2008</u> <u>850-763-1605</u> <small>Date Daytime Phone #</small>		