


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000004940</b>	
1. Entity Name <b>PANAMA CITY PARROT HEAD CLUB, INC.</b>	

Principal Place of Business <b>711 W BEACH DRIVE PANAMA CITY, FL 32401</b>	Mailing Address <b>P.O. BOX 1023 PANAMA CITY, FL 32402</b>
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-1413697</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RUSSELL, SUSANNA  
4530 BAYWOOD DRIVE  
LYNN HAVEN, FL 32444**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>LANIER, BILL</b>
NAME	
STREET ADDRESS	<b>316 HIDDEN ISLAND DR</b>
CITY-ST-ZIP	<b>PANAMA CITY BEACH, FL 32408</b>
TITLE <b>VD</b>	<b>RUSSELL, SUSANNA</b>
NAME	
STREET ADDRESS	<b>4530 BAYWOOD DR</b>
CITY-ST-ZIP	<b>LYNN HAVEN, FL 32444</b>
TITLE <b>SD</b>	<b>LANIER, SUSIE</b>
NAME	
STREET ADDRESS	<b>316 HIDDEN ISLAND DR</b>
CITY-ST-ZIP	<b>PANAMA CITY BEACH, FL 32408</b>
TITLE <b>TD</b>	<b>PARDY, KEN</b>
NAME	
STREET ADDRESS	<b>117 ROWE AVE</b>
CITY-ST-ZIP	<b>PANAMA CITY, FL 32401</b>
TITLE <b>OD</b>	<b>KIRBY, KYLE</b>
NAME	
STREET ADDRESS	<b>1104 E 3RD ST</b>
CITY-ST-ZIP	<b>PANAMA CITY, FL 32401</b>
TITLE <b>OD</b>	<b>SMITH, MARY LOU</b>
NAME	
STREET ADDRESS	<b>6405 N LAGOON DR</b>
CITY-ST-ZIP	<b>PANAMA CITY BEACH, FL 32408</b>

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02/26/07-80022-007 61.25

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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:** Ken Pardy **Ken Pardy-Treasurer** 2/10/07 850.265.0155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR