

2005

CORPORATION  
ANNUAL REPORT**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N06000003784

1. Entity Name

PANAMA CITY BEACH HURRICANES R.F.C., INC.



05/09/02 90047 011 \*\*\* 150.00 \*\*\* 27.50

01/13/03 90122 004 \*\*\* 150.00 \*\*\* 33.75

Principal Place of Business

1901 RHODE ISLAND AVE.  
LYNN HAVEN, FL 32444

Mailing Address

1901 RHODE ISLAND AVE.  
LYNN HAVEN, FL 32444**DO NOT WRITE IN THIS SPACE**

02092005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3742963Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

YOUNG, MARK H  
1901 RHODE ISLAND AVE.  
LYNN HAVEN, FL 32444**DO NOT WRITE  
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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PDS  
NAME YOUNG, MARK H  
STREET ADDRESS 1901 RHODE ISLAND AVE.  
CITY-ST-ZIP LYNN HAVEN, FL 32444TITLE DV  
NAME GESELLSCHAP, MICHAEL R  
STREET ADDRESS 302 HIDDEN ISLAND DR.  
CITY-ST-ZIP PANAMA CITY BCH, FL 32408TITLE TD  
NAME PEMBERTON, BRYAN J  
STREET ADDRESS 706 PADDOCK CLUB DR.  
CITY-ST-ZIP PANAMA CITY BCH, FL 32407TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DO NOT WRITE  
IN THIS SPACE**U00000254337  
03/07/05-80071-010 150.00

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 607, 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:

MARK H. YOUNG *Mark H. Young*, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 MARCH 2005

Date

850-283-6066

Daytime Phone #