2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000001843

1. Entity Name
PANAMA CITY BEACH CONVENTION AND VISITORS



01-16-2007 90251 001 ***122.50

Jan 16, 2007 8:00 am Secretary of State

FILED

BUREAU, INC.												
17001 PANAMA CITY BCH PKWY P.O.			P.O. BC	ling Address D. BOX 9473 NAMA CITY BEACH, FL 32417								
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01082007	Chg-NP	CR2E037	(12/06)		
City & State			City & State				4. FEI Numbe 59-3507				plied For at Applicable	
Zip		Country	Zip		Country		5. Certificate	of Status Desired		8.75 Add ee Require		
	6. Name	and Address of Current R	Registered	Agent			7. Name and	Address of New F	Registered Ag	gent		
WARREN, ROBERT L 17001 PANAMA CITY BCH PKWY PANAMA CITY, FL 32413						Name Street Address (P.O. Box Number is Not Acceptable)						
	•				City				FL	Zip Cod	e	
0 TI 1		submits this statement for	46	f -hanging its -	a mintered office of	ar ragintar	and agent, or both	h, in the State of El		miliar with	and accept	
	tions of registe		the purpos	e or crianging its i	egistered office t	or register	ed agent, or bon	ii, iii ale etate et i	Onon. Tamie			
SIGNATURE .												
SIGNATURE .	Signature, typed o	or printed name of registered agent ar	nd title if applica	ble. (NOTE:	Registered Agent sign	ature required	when reinstating)		DATE			
SIGNATURE	Filing Fee	or printed name of registered agent and is \$61.25 ay 1, 2007	nd title if applica	9. Election Carn Trust Fund Co	paign Financing	ature required	\$5.00 May Be Added to Fees	0 1	DATE Make check rida Departi			
10.	Filing Fee	e is \$61.25		9. Election Cam	paign Financing		\$5.00 May Bo Added to Fees	0 1	Make check rida Departr	nent of S	tate	
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 323 HIDDEN ISLAND DR

PANAMA CITY BEACH, FL 324087915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-233-5070

17001 Panama City Beach Pkwy. Panama City Beach, FL 32413

Daytime Phone #