

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90002 012 \*\*\*550.00

**DOCUMENT # P00000016098**

1. Entity Name

PANAMA MACKS OF PCB FL, INC.



Principal Place of Business

10510 FRONT BEACH ROAD, SUITE 157  
PANAMA CITY BEACH FL 32407

Mailing Address

10510 FRONT BEACH ROAD, SUITE 157  
PANAMA CITY BEACH FL 32407

**54071989**



MOORE

CR2E034 (4/04)

2. Principal Place of Business

4205 CATHERINE STREET

3. Mailing Address

4205 Catherine Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH FL 32408

City & State

PANAMA CITY BEACH, FL 32408

4. FEI Number

59-3607494

Applied For

Not Applicable

Zip Country

32408 BAY

Country

Zip Country

32408 BAY

Country

BAY

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MADDOX, JOSEPH E  
538 HARMON AVENUE  
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME LEVINS, GAY K  
STREET ADDRESS 10510 FRONT BEACH ROAD # 157  
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

TITLE VP ☐ Delete  
NAME LEVINS, WESLEY M  
STREET ADDRESS 10510 FRONT BEACH ROAD # 157  
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

TITLE ST ☐ Delete  
NAME LEVINS, JOHN W  
STREET ADDRESS 107 EL CENTRO BLVD.  
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4205 CATHERINE STREET  
CITY-ST-ZIP PANAMA CITY BEACH  
FLORIDA 32408

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4205 CATHERINE STREET  
CITY-ST-ZIP PANAMA CITY BEACH  
FLORIDA 32408

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Gay K. Levins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/05/04

850-234-7896

Date

Daytime Phone #