2006 FOR PROFIT CORPORATION \_\_ANNUAL REPORT (AR)

## Jan 23, 2006 08:00 AM DOCUMENT # P00000039255 1. Entity Name **Secretary of State** PRICE LAND COMPANY OF BAY COUNTY, INC. Principal Place of Business Mailing Address 232 S. TYNDELL PKWY 232 S. TYNDELL PKWY PANAMA CITY FL 32404 PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3640173 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRICE, RICHARD S JR Street Address (P.O. Box Number is Not Acceptable) 1327 STRATFORD AVE PANAMA CITY FL 32404 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 9 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TOLE Change Addition NAME PRICE, RICHARD S JR MARIE U00000395258 STREET ADDRESS STREET ADDRESS 232 S. TYNDALL PARKWAY 111/26/06-80044-003 150.00 CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addis-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THEF Delate TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Action NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change III Add∷ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP TITLE Delete TITLE Change T Address NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1

15. Price, Jr. 1-20-06 850-769-339
Date Date Daytime Phone V

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED