2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000033322

1. Entity Name
PANAMA CITY BEACH EMBROIDERY & CLOTHING COMPANY

Principal Place of Business	Mailing Address
1318 HARBOUR WAY PANAMA CITY BCH, FL 32407	1318 HARBOUR WAY PANAMA CITY BCH, FL 32407

2. Principal Place of Business
7934 Front Beach Rd.
Suite, Apt. #, etc.

City & State
Panama City Bch, FL
Zip 32407   Country

3. Mailing Address
7934 Front Beach Rd.
Suite, Apt. #, etc.

City & State
Panama City Bch, FL
Zip 32407   Country

FILED

04 DEC 13 PM 4: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

06302004   Chg-P   CR2E034 (10/03)

4. FEI Number
52-2362078

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDONNELL, LAURIE 301 MOONLIGHT BAY DR PANAMA CITY BCH, FL 32407	Name Laurie McDonnell Street Address (P.O. Box Number is Not Acceptable) 1318 Harbour Way City Panama City Bch FL Zip Code 32407

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DV NAME MCDONNELL, LAURIE STREET ADDRESS 1004 JENKS AVE. CITY-ST-ZIP PANAMA CITY BCH, FL 32401	☐ Delete	TITLE DV NAME McDonnell, Laurie STREET ADDRESS 1318 Harbour Way CITY-ST-ZIP Panama City Bch, FL 32407	☐ Change ☐ Addition
TITLE P NAME MCDONNELL, JOYCE STREET ADDRESS 301 MOONLIGHT BAY DR CITY-ST-ZIP PANAMA CITY BEACH, FL 32407	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 400042611744 11/09/04--01090--015 **558.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 400042611744 12/13/04--01064--020 **191.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 _Laurie McDonnell_   7-6-04   850 236-9171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #