

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

RECEIVED JAN 18 2008

DOCUMENT # P01000098759 1. Entity Name KW ENTERPRISES OF PANAMA CITY, INC.			
Principal Place of Business 2123 GRASSY POINT RD SOUTHPORT FL 32409		Mailing Address PO BOX 8170 SOUTHPORT FL 32409-8170	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SWEARINGTON, MICHAEL W 2123 GRASSY POINT RD SOUTHPORT FL 32409		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.			

1st MOORE CR2E034 (10/05)

4. FEI Number **59-3750645** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and (if applicable) (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWEARINGTON, MICHAEL W		NAME		
STREET ADDRESS	7230 RESOTA BEACH ROAD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32409		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, KELLEY		NAME		
STREET ADDRESS	221 W BALDWIN RD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWEARINGTON, TAMMI		NAME		
STREET ADDRESS	7230 RESOTA BEACH ROAD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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05/13/06-80067-011 150.00

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 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: Tammi Swearington 4-27-06 850-215-9146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #