

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90007 024 ***150.00

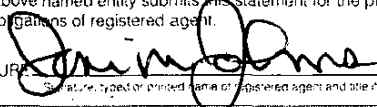
DOCUMENT # P01000115686		
1. Entity Name JONI'S BEACH RENTALS, INC.		

Principal Place of Business 8800 FRONT BEACH RD PANAMA CITY BEACH, FL 32408	Mailing Address 8800 FRONT BEACH RD PANAMA CITY BEACH, FL 32408
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2. Principal Place of Business - No P.O. Box # 1800 Thomas Drive	3. Mailing Address 1800 Thomas Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

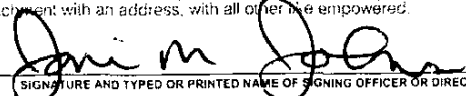
City & State PANAMA City Beach, FL	City & State PANAMA City Bch., FL
Zip 32408	Zip 32408
Country BAY	Country BAY

6. Name and Address of Current Registered Agent JOHNS, JONI M 8800 FRONT BEACH RD PANAMA CITY BEACH, FL 32408		7. Name and Address of New Registered Agent Name Johns, JONI M. Street Address (P.O. Box Number is Not Acceptable) 1800 Thomas Drive PANAMA City Beach, FL 32408	
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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 	DATE 1/25/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST JOHNS, JONI M 8800 FRONT BEACH RD PANAMA CITY BEACH, FL 32408 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST JOHNS, JONI M. 1800 THOMAS DRIVE PANAMA City Beach, FL 32408 ☒ 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
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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 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 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 fee empowered.	
SIGNATURE: 	DATE 1-25-08