

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90096 012 \*\*\*150.00

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<b>DOCUMENT # P02000037446</b> 1. Entity Name <b>PANAMA CITY MOTORS, INC.</b>					
Principal Place of Business <b>2401 S HWY 77 LYNN HAVEN, FL 32444</b>			Mailing Address <b>2401 S HWY 77 LYNN HAVEN, FL 32444</b>		
2. Principal Place of Business <b>2619 W 23rd St.</b>		3. Mailing Address <b>2619 W 23rd St.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>PANAMA City FL</b>		City & State <b>PANAMA City FL</b>		4. FEI Number <b>75-3044484</b>	
Zip <b>32405</b>		Country <b>FLA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PIERSON, FRED 1209 WEST 15TH STREET PANAMA CITY, FL 32401</b>			7. Name and Address of New Registered Agent Name <b>Fred Pierson</b> Street Address (P.O. Box Number is Not Acceptable) <b>2619 W 23rd St.</b> City <b>PANAMA City</b> <b>FL</b> Zip Code <b>32405</b>		
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 <u><i>Fred Pierson</i></u> <b>Fredrick W Pierson President 4-11-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PIERSON, FRED 3201 TREASURE CIRCLE PANAMA CITY BEACH, FL 32408</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Fred Pierson</i></u> <b>Fredrick W Pierson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-11-05</b>		Daytime Phone # <b>850-522-6440</b>