


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000040142	
1. Entity Name GREAT FLORIDA INSURANCE OF PANAMA CITY INC.	

Principal Place of Business 2629 W. 23RD ST., #A PANAMA CITY, FL 32405	Mailing Address 2522 CAPITAL CIRCLE NE, #4 TALLAHASSEE, FL 32308
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent ALTENBURG, JOSEPH 2522 CAPITAL CIRCLE NE #4 TALLAHASSEE, FL 32308
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	400086139334 01/24/07--01005--021 **150.00
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ALTENBURG, JOSEPH STREET ADDRESS 2522 CAPITAL CIRCLE NE #4 CITY-ST-ZIP TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE SEC NAME APRIL PORTER STREET ADDRESS 13839 BLUE SPRINGS RD CITY-ST-ZIP YOUNGSTOWN, FL 32466	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME MCGEHEE, BRYAN STREET ADDRESS 745 BEAL PKWY. CITY-ST-ZIP FT. WALTON BEACH, FL 32547	<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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date 1-16-07 Daytime Phone #

FILED

07 JAN 16 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01162007 Chg-P CR2E034 (12/06)

4. FEI Number 48-1254281 Applied For Not Applicable

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