


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90034 024 \*\*\*150.00

<b>DOCUMENT # P02000071753</b>	
1. Entity Name <b>LIGHTHOUSE REALTY OF BAY COUNTY, INC.</b>	

Principal Place of Business <b>7006 THOMAS DRIVE SUITE C PANAMA CITY BEACH, FL 32408</b>	Mailing Address <b>7006 THOMAS DRIVE SUITE C PANAMA CITY BEACH, FL 32408</b>
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2. Principal Place of Business <b>5918 Thomas Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>5918 Thomas Drive</b> Suite, Apt. #, etc.
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City & State <b>Panama City Beach, FL</b>	City & State <b>Panama City Beach, FL</b>
Zip <b>32408</b>	Zip <b>32408</b>
Country <b>USA</b>	Country <b>USA</b>



01212004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>AKINS, OTIS R (7006 THOMAS DRIVE SUITE C) PANAMA CITY BEACH, FL 32408</b>	
7. Name and Address of New Registered Agent Name <b>AKINS, OTIS R</b> Street Address (P.O. Box Number is Not Acceptable) <b>5918 Thomas Drive</b> City <b>Panama City Beach FL</b> Zip Code <b>32408</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 Brenda Miracle Brenda Miracle DATE 1-21-2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKINS, OTIS R 13803 PELICAN STREET PANAMA CITY BEACH, FL 32413 <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	D SOWA, MICHAEL L 5333 WHITNEY DRIVE PANAMA CITY, FL 32444 <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	T MIRACLE, BRENDA 1017 BEACH DR PANAMA CITY, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7017 Beach Drive <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 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: Brenda Miracle Brenda Miracle DATE 1/21/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR