


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000131800**  
 1. Entity Name  
 DB PROPERTIES OF NW FLORIDA, INC.



Principal Place of Business      Mailing Address  
 128 LAKE PLACE                      128 LAKE PLACE  
 PANAMA CITY, FL 32413              PANAMA CITY, FL 32413

**DO NOT WRITE IN THIS SPACE**



02132004    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 59-3766671                      Not Applicable

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

6. Name and Address of Current Registered Agent

WOLANSKI, WILLIAM  
 128 LAKE PLACE  
 PANAMA CITY, FL 32413

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLANSKI, WILLIAM 128 LAKE PLACE PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOLANSKI, DEBRA M 128 LAKE PLACE PANAMA CITY, FL 32413
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *William M. Wolanski*    *Debra M. Wolanski*    3/2/04    850-234-5098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #