

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90070 030 ***150.00

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1. Entity Name
HOSPITALITY SERVICES OF PANAMA CITY, INC.



Principal Place of Business
2100 JENKS AVENUE
PANAMA CITY, FL 32405

Mailing Address
2100 JENKS AVENUE
PANAMA CITY, FL 32405

50027621



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152005 Chg:P CR2E034 (10/03)

City & State

City & State

4. FEI Number
20-0067078

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BITTMAN, MICHAEL J
301 E PINE STREET SUITE 1400
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME WARREN, JOHN
STREET ADDRESS 2100 JENKS AVENUE
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE ☒ Change ☐ Addition
NAME 12207 Lyndell Plantation Dr.
STREET ADDRESS Panama City Beach, FL 32407
CITY-ST-ZIP

TITLE DS ☒ Delete
NAME STRAWN, STEVE
STREET ADDRESS 2100 JENKS AVENUE
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE ☐ Change ☒ Addition
NAME Joseph Ballay
STREET ADDRESS 1131 Jaguar Cir.
CITY-ST-ZIP Gulf Breeze, FL 32563

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John Wane, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05

(850)258-0316

Date

Daytime Phone #