

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017606

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: JAWS OF PANAMA CITY, INC.

## Current Principal Place of Business:

4133 DANNY DRIVE  
PANAMA CITY BEACH, FL 32408

## New Principal Place of Business:

8525 THOMAS DR  
PANAMA CITY BEACH, FL 32408

## Current Mailing Address:

4133 DANNY DRIVE  
PANAMA CITY BEACH, FL 32408

## New Mailing Address:

8525 THOMAS DR  
PANAMA CITY BEACH, FL 32408

FEI Number: 01-0803959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOAZ, AMOS  
4133 DANNY DRIVE  
PANAMA CITY BEACH, FL 32408 US

## Name and Address of New Registered Agent:

HABA, SASOON  
4133 DANNY DR  
PANAMA CITY BEACH, FL 32408 US

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.

SIGNATURE: SASOON HABA

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GOAZ, AMOS  
Address: 4133 DANNY DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: TD ( ) Delete  
Name: MALK, MIKE  
Address: 610 PARKWAY  
City-St-Zip: GATLINBURG, TN 37738

Title: VD ( ) Delete  
Name: COHEN, IZIK  
Address: 202 BROADWAY  
City-St-Zip: WISCONSIN DELLS, WI 53965

Title: SD ( ) Delete  
Name: HABA, SASOON  
Address: 9219 FRONT BEACH ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32407

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GOAZ, AMOS  
Address: 4133 DANNY DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: HABA, SASOON  
Address: 9219 FRONT BEACH ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32407

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SASOON HABA

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date