

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90035 040 \*\*\*150.00

**DOCUMENT # P04000058708**

1. Entity Name

**AT YOUR SERVICE OF BAY COUNTY, INC.**



Principal Place of Business

**5802 BAYFRONT DRIVE  
PANAMA CITY FL 32404**

Mailing Address

**5802 BAYFRONT DRIVE  
PANAMA CITY FL 32404**



2. Principal Place of Business - No P.O. Box #

**5202 WYMORE RD.**  
Suite, Apt. #, etc.

3. Mailing Address

**5202 WYMORE RD.**  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

**PANAMA CITY**

Zip **FLA.**

Country **BAY**

City & State

**PANAMA CITY, FLA**

Zip **32404**

Country **BAY**

4. FEI Number

**56-2449928**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

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 constituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete  
NAME **MOORE, JOHN WADE**  
STREET ADDRESS **5802 BAYFRONT DRIVE**  
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PSTD~~ ☐ Change ☐ Addition  
NAME ~~MOORE, JOHN WADE~~  
STREET ADDRESS ~~5802 BAYFRONT DRIVE~~  
CITY-ST-ZIP ~~PANAMA CITY, FLA. 32404~~

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

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: RACHEL P.H.S. DPDA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/08**  
Date

**856-769-2415**  
Daytime Phone #