

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2006 8:00 am**  
**Secretary of State**

08-01-2006 90003 004 \*\*\*550.00

DOCUMENT # P04000153642

1. Entity Name  
PANAMA PRIVILEGES, INC.



Principal Place of Business  
1033 SE ORANGE AVE.  
JENSEN BCH, FL 34957

Mailing Address  
1033 SE ORANGE AVE.  
JENSEN BCH, FL 34957

50023784



07252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
42-1651404

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SCOTT, PORTIA B  
308 DYER DR.  
STUART, FL 34994

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME HOZA, ROBERT T  
STREET ADDRESS 1033 SE ORANGE AVE.  
CITY-ST-ZIP JENSEN BCH, FL 34957

TITLE VP  
NAME HOZA, MEGHAN A  
STREET ADDRESS 354 HAYDEN ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE P  
NAME HOZA, ROBERT T  
STREET ADDRESS 1033 32 ORANGE AVE  
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE ST. PORTIA  
NAME SCOTT, PORTIA B  
STREET ADDRESS 921 SE CENTRAL PARKWAY  
CITY-ST-ZIP STUART, FL 34994

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/06 7722609952  
Date Daytime Phone #