

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1651404

Applied For
Not Applicable

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

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)

U000000954323
07/11/08-80009-001 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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 SE ORANGE AVE
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	ST
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

7/9/08
Date

Daytime Phone #