

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90001 028 ***550.00

DOCUMENT # P05000109762

1. Entity Name
PANAMA CITY LAND PARTNERSHIP G.P., INC.



Principal Place of Business
704-708 W. 15TH ST.
PANAMA CITY, FL 32401

Mailing Address
704-708 W. 15TH ST.
PANAMA CITY, FL 32401

50025624



2. Principal Place of Business

3. Mailing Address

6200 Lemmon Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dallas, TX

Zip

Country

Zip

75209

Country

07282006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3345868

Applied For

Not Applicable

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

SHIPPY, DAREN L ESQ.
2548 BLAIRSTONE PINES DR.
TALLAHASSEE, FL 32301

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	EAGLE, JOHN R	
STREET ADDRESS	6200 LEMMON AVE.	
CITY-ST-ZIP	DALLAS, TX 75209	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATHCOCK, JUDITH	
STREET ADDRESS	876 SOUTH LAKESHORE DR.	
CITY-ST-ZIP	VALDOSTA, GA 31605	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

8-14-06

Date

Daytime Phone #