


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-21-2006 90004 024 ***550.00

DOCUMENT # P05000109776					
1. Entity Name PANAMA CITY AUTO GROUP 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		
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	4. FEI Number 20-3345530	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIPPY, DAREN L ESQ. 2548 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAGLE, JOHN R 6200 LEMMON AVE. DALLAS, TX 75209	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATHCOCK, JUDITH 876 SOUTH LAKESHORE DR. VALDOSTA, GA 31605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATHCOCK, HUGH 876 SOUTH LAKESHORE DR. VALDOSTA, GA 31605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATHCOCK, HUGH 876 SOUTH LAKESHORE DR. VALDOSTA, GA 31605	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATHCOCK, HUGH 876 SOUTH LAKESHORE DR. VALDOSTA, GA 31605	<input type="checkbox"/> Delete			
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:		8-14-06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					