
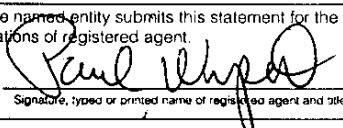
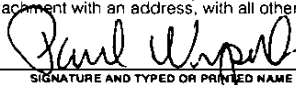


FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90021 005 ***550.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000115255			
1. Entity Name PANAMA PAUL'S GENERAL STORE & DISCOUNT MARINE INC			
Principal Place of Business 110 MAIN STREET HORSESHOE BEACH, FL 32648		Mailing Address 3709 DAWSON LANE PUNTA GORDA, FL 33950	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 430	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Horseshoe Beach FL	
Zip	Country	Zip	Country
		32648	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WIPERT, PAUL 3709 DAWSON LANE PUNTA GORDA, FL 33950		Name Street Address (P.O. Box Number is Not Acceptable) 80 EAST 1ST AVENUE City HORSESHOE BEACH FL Zip Code 32648	
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 		DATE 8/9/07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <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	P WIPERT, PAUL 3709 DAWSON LANE PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 80 EAST 1ST AVENUE P.O. Box 430 HORSESHOE BEACH, FL 32648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONNELL, PENNY 3709 DAWSON LANE PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 80 EAST 1ST AVENUE P.O. Box 430 HORSESHOE BEACH, FL 32648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 8/9/07 352 498-348	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	