

2008 FOR PROFIT CORPORATION ANNUAL REPORT

2/ **FILED**
Mar 10, 2008 8:00 am
Secretary of State

02-12-2008 90015 029 ***150.00

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|---|---|--|---|--|--|
| DOCUMENT # P07000010294 | | | | | |
| 1. Entity Name SOUTHERN LANDMARKS OF PANAMA CITY BEACH, INC. | | | | | |
| Principal Place of Business 8502 LYDIA LANE PANAMA CITY BCH, FL 32408 | | | Mailing Address 8502 LYDIA LANE PANAMA CITY BCH, FL 32408 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent LUX, THOMAS N 8502 LYDIA LANE PANAMA CITY BCH, FL 32408 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 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 | PVST LUX, THOMAS N 8502 LYDIA LANE PANAMA CITY BCH, FL 32408 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LUX, THOMAS N 8502 LYDIA LANE PANAMA CITY BCH, FL 32408 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: 2/4/08 <small>Daytime Phone #</small> | | |

66003123



01222008 Chg-P CR2E034 (12/06)

4. FEE Number **83-0473157** Applied For Not Applicable

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