


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P19821</b> 1. Entity Name WANT ADS OF PANAMA CITY, INC.	
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Principal Place of Business 2317 EAST 15TH STREET PANAMA CITY, FL 32405 US	Mailing Address 20011 EMERALD COAST PARKWAY DESTIN, FL 32541 US
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**DO NOT WRITE IN THIS SPACE**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2893294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  NRAI SERVICES, INC 526 E. PARK AVE SUITE 105 TALLAHASSEE, FL 32301	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>		<p>11000000191961 01/24/05-00194-015 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EARLES, CHARLES E 20011 EMERALD COAST PARKWAY DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KERR, FRANK 2317 E 15TH ST PANAMA CITY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KERR, PAM 2317 E15TH ST PANAMA CITY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTENSEN, ROBERT L 20011 EMERALD COAST PARKWAY DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TREESE, HARRY S 3901 WEST WACO DRIVE WACO, TX 76710	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MODLIN, KIMBERLY 20011 EMERALD COAST PKWY DESTIN, FL 32541	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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:** *Kimberly Modlin* *Modlin* *Kimberly Modlin* 1/21/05 858378820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #