

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90113 020 ***150.00

DOCUMENT # P94000043973

1. Entity Name

PANAMA CITY BAR & HARBOR PILOTS, INC.



Principal Place of Business
1604 LOUISE AVENUE
PANAMA CITY, FL 32401

Mailing Address
1604 LOUISE AVENUE
PANAMA CITY, FL 32401

40062081



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3426218

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

KNOWLES, FRANK W
1604 LOUISE AVENUE
PANAMA CITY, FL 32401

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 \$150.00
After May 1, 2006 Fee will be \$550.00

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 PD ☐ Delete
NAME KNOWLES, FRANK W
STREET ADDRESS C/O 1604 LOUISE AVENUE
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/T ☐ Delete
NAME KNOWLES, LINDA G
STREET ADDRESS C/O 1604 LOUISE AVENUE
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Gail Knowles, S/T* 4/22/06 (850) 785-2209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

40062081

Division of Corporations

Annual Report

Annual Report Help

Document Number

P94000043973

Business Entity Name

PANAMA CITY BAR & HARBOR PILOTS, INC.

FEI Number

593426218

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

1604 LOUISE AVENUE

Suite, Apt. #, etc.

City, State

PANAMA CITY

FL

Zip Code & Country

32401

Mailing Address

Address

1604 LOUISE AVENUE

Suite, Apt. #, etc.

City, State

PANAMA CITY

FL

Zip Code & Country

32401

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

KNOWLES

FRANK

W

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

1604 LOUISE AVENUE

Suite, Apt. #, etc.

City, State

PANAMA CITY

FL

Zip Code & Country

32401

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

ATTACHMENT 40062081

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PD		
Name (Last, First, Middle, Title)	KNOWLES	FRANK	W
- OR -			
Entity Name to serve as Officer/Director			
Street Address	C/O 1604 LOUISE AVENUE		
City, State	PANAMA CITY	FL	
Zip Code & Country	32401		
Title	S/T		
Name (Last, First, Middle, Title)	KNOWLES	LINDA	G
- OR -			
Entity Name to serve as Officer/Director			
Street Address	C/O 1604 LOUISE AVENUE		
City, State	PANAMA CITY	FL	
Zip Code & Country	32401		
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as Officer/Director			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as Officer/Director			
Street Address			
City, State			
Zip Code & Country			

ATTACHMENT

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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