

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000093049**

1. Entity Name

PANAMA BEACH FOODS, INC.



Principal Place of Business

10430 FRONT BEACH RD  
PANAMA CITY BEACH, FL 32407 US

Mailing Address

% MANAGING FOOD, LLC  
1326 E. LUMSDEN RD.  
BRANDON, FL 33511



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3285879

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KAZBOUR, TALAL  
1326 E LUMSDEN RD  
BRANDON, FL 33511

**DO NOT WRITE  
IN THIS SPACE**

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**

|                |                     |
|----------------|---------------------|
| TITLE          | D                   |
| NAME           | KAZBOUR, TALAL A    |
| STREET ADDRESS | 1326 E LUMSDEN ROAD |
| CITY-ST-ZIP    | BRANDON, FL 33511   |
| TITLE          | VP                  |
| NAME           | MARSHALL, SCOTT     |
| STREET ADDRESS | 1326 E LUMSDEN ROAD |
| CITY-ST-ZIP    | BRANDON, FL 33511   |
| TITLE          | VP                  |
| NAME           | MARSHALL, WILLIAM   |
| STREET ADDRESS | 1326 E LUMSDEN ROAD |
| CITY-ST-ZIP    | BRANDON, FL 33511   |
| TITLE          | T                   |
| NAME           | MARSHALL, ANDREW    |
| STREET ADDRESS | 1326 E LUMSDEN ROAD |
| CITY-ST-ZIP    | BRANDON, FL 33511   |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

U00000489199  
04/18/06-80006-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-06

Date

813-687-0622

Daytime Phone