2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State 04-22-2005 90277 035 ***150.00

1. Entity Nam	MENT # P95000039				04-22-2005	90277 035 ***15	50.00	
Principal Place of Business Mailing Address 17320 PANANA CITY BCH PKWY P.O. BOX 14056 UNIT 108 PANAMA PLAZA PANAMA CITY BEACH, FL PANAMA CITY BEACH, FL 32413			32413	4 4 8 0 (5 8 8 5 8 8	20041616			
2. Principal Place of Business 3. Mailing Address P. o · B			781					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03052005	Chg-P	CR2E034 (10/03)		
City & State		PANAMA City Beach FL		4. FEI Numbe 59-3326		 - - 	oplied For of Applicable	
Zip	Country	 	Country BA4		of Status Desired	S8.75 Add	ditional	
	6. Name and Address of Current F		- 029 -	7. Name and	Address of New R	·		
		*	Name	-				
	IILY H NAMA CITY BCH. PKWY. PANAMA PŁAZA	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
	CITY BEACH, FL 32413							
			City			FL Zip Cod	0	
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or regis	stered agent, or both	n, in the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent as	d title if applicable. (NOTE: Re	egistered Agent signature req	uired when reinstating)		DATE	····-	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees		2 · ·		
10.	OFFICERS AND D		11.	ADDITIONS/0	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE NAME' STREET ADDRESS CITY-ST-ZIP	STD DUNN, GARLAND R 120 BONAÎRE DR PANAMA CÎTY BEACH, FL 3241:	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD DUNN, EMILY H 120 BONAIRE DR PANAMA CITY BEACH, FL 3241:	□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNN, GARY D -132 N.GLADES TRAIL PANAMA CITY BEACH, FL 3241:	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME - STREET ADDRESS City-ST-ZIP			☐ Change	☐ Addition	
12. I hereby o	Certify that the information supplied with the control of supplied with the control of supplemental report is	his filing does not qualify for the		Section 119.07(3)(i)), Florida Statutes. I	further certify that the in	nformation	

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 path; 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.

4.19.05

850.235.0146