

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90015 001 ***150.00

DOCUMENT # P96000080238			
1. Entity Name PARK VALLEY CREEK, INC.			
Principal Place of Business 13911 BACK BEACH ROAD, UNIT 247 PANAMA CITY BEACH, FL 32413		Mailing Address 13911 BACK BEACH ROAD, UNIT 247 PANAMA CITY BEACH, FL 32413	
2. Principal Place of Business <i>13911 Back Beach Rd.</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc. <i>No. 247</i>		Suite, Apt. #, etc.	
City & State <i>Panama City Beach, Fla.</i>		City & State	
Zip <i>32413</i>	Country <i>Bay</i>	Zip	Country
6. Name and Address of Current Registered Agent HARRIMAN, JOAN 13911 BACK BEACH RD. #247 PANAMA CITY BEACH, FL 32413		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HARRIMAN, JOAN 13911 BACK BEACH ROAD, UNIT 247 PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Joan Harriman</i>		Date: <i>Sept. 5, 2006</i> Daytime Phone #: <i>128-8173</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



06152006 Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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