2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

| 1. Entity Nan | MENT # P970000299 | 987 | | | 2001 | uniy or suure | |
|--|--|---------|-------------------------------|-------------------------------|--|------------------------|--|
| Principal Place of Business 8700 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407 Mailing Address 8700 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407 | | | | | | | |
| | | | | 04272005 | | CR2E034 (10/03) | |
| DO NOT WRITE IN THIS SPACE | | | | 59-348 | 4. FEI Number Applied For 59-3486773 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | L | · ····· 1 · · · · · · · · · · · · · · · · · · | | |
| RUSSELL, KAREL K 22 COURT DRIVE DESTIN, FL 32541 | | | 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, typad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whe | | | | and when reinstating) | | DATE | |
| FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution. | | | | 55.00 May Be added to Fees | | | |
| 10. | OFFICERS AND DI | RECTORS | | - | • | | |
| NAME STREET ADDRESS CITY-ST-ZIP | RUSSELL, KAREL K 8700 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 00000035 05/02/05-80 | 1133 131-021 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WR | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | THIS SPA | CE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | _ · | | • | | |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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. | | | | | | | |