

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90023 048 \*\*\*150.00

**DOCUMENT # P97000082435**

1. Entity Name  
**LA VALENCIA BEACH RESORT DEVELOPERS, INC.**



Principal Place of Business  
**4116 NORTH HIGHWAY 231  
PANAMA CITY, FL 32404**

Mailing Address  
**P.O. BOX 59462  
PANAMA CITY, FL 32412-0462**

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>59-3470686</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

**6. Name and Address of Current Registered Agent**

**HILTON, CHARLES JR  
4116 NORTH HIGHWAY 231  
PANAMA CITY, FL 32404**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HILTON, L. CHARLES JR.<br>4116 NORTH HIGHWAY 231<br>PANAMA CITY, FL 32404 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPST<br>HUMBLE, ROBERT NIXON<br>4116 NORTH HIGHWAY 231<br>PANAMA CITY, FL 32404 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BENSE, ALLAN G<br>4116 NORTH HIGHWAY 231<br>PANAMA CITY, FL 32404          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>HILTON, JULIE<br>11127 FRONT BEACH ROAD<br>PANAMA CITY BEACH, FL 32407    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

Date

Daytime Phone #

**4/07/04 850 785 0536**