


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90054 002 ***150.00

DOCUMENT # P98000035323
 1. Entity Name
MISS MARION OF PANACEA, INC.



Principal Place of Business: **90 CHIPOLA STREET PANACEA FL 32346**
 Mailing Address: **P O BOX 483 PANACEA FL 32346**

2. Principal Place of Business: **15 Elberta Court**
 Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: **Panacea FL**
 City & State

Zip: **32346** Country: **Wakulla** Zip: **32346** Country

4. FEI Number: **59-3512914**
 Applied For: Not Applicable

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



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
METCALF, MARION R
90 CHIPOLA STREET
PANACEA FL 32346

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
15 Elberta Court
 City: **Panacea** FL Zip Code: **32346**

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: *Marion Metcalf*, Marion Metcalf Sec. Treas 1-25-05
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> Delete
NAME	METCALF, DANNY	
STREET ADDRESS	90 CHIPOLA STREET	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE	STD	<input type="checkbox"/> Delete
NAME	METCALF, MARION	
STREET ADDRESS	90 CHIPOLA STREET	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15 Elberta Court	
CITY-ST-ZIP	Panacea FL 32346	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15 Elberta Court	
CITY-ST-ZIP	Panacea, FL 32346	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Marion Metcalf* Marion Metcalf, STD 1-25-05 850 984-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #