## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

2907 W HWY 98 PANAMA CITY FL 32401

## DOCUMENT # P98000065785

1. Entity Name

Principal Place of Business

2907 W HWY 98 PANAMA CITY FL 32401

DTG OF BAY COUNTY, INC.

							ANN II III
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E0	34 (11/03)	
City & State		City & State		4.	FEI Number 59-3521692		plied For t Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Required	litional
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent			
			Nar	Name			
HARDMAN, ANN A R 2907 W HWY 98 PANAMA CITY FL 32401			Stre	Street Address (P.O. Box Number is Not Acceptable)			
			City		F	Zip Code	Э
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing it	s registered offi	e or registered a	gent, or both, in the State of Florida. Ta	am familiar with,	and accept
ordivatoric .	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent	ignature required when	reinstating) DAT	Έ	
FILE NOW!!!" FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing     Trust Fund Contribution.		O May Be I to Fees
10.	OFFICERS AN	D DIRECTORS	11.	Ā	DDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS	3 IN 11
title Name Street address	PST HARDMAN, ANN R 811 S. LONGWOOD CIRCEL	☐ Delete	TITLE NAME STREET ADDR	ESS		☐ Change	☐ Addition
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST-ZIP				
TITLE Name Street Address City-St-Zip		Delete	TITLE NAME STREET ADDA CITY-ST-ZIP	ESS		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- <u>-</u>	Delete	TITLE NAME STREET ADDR	ESS	·	☐ Change,	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDF CITY-ST-ZIP	ESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	ESS		☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDI	ESS		☐ Change	☐ Addition

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.

**FILED** 

Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90294 002 \*\*\*150.00