


2006, FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000089688 1. Entity Name SMOKERS OF PANAMA CITY BEACH, FLORIDA, INC.	
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Principal Place of Business 6911 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408	Mailing Address 6911 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408
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02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3537552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KNOWLES, SUSAN M 6911 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P KNOWLES, SUSAN M 6911 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP KNOWLES, WILLIAM JOE 6911 N. LAGOON DRIVE PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST TIFFANY, ANITA MARIE 6911 N. LAGOON DRIVE PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

000000435393
02/25/06-80040-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Susan Knowles Pres **SUSAN Knowles** 2/14/06 (850)234-3697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #