

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2005 08:00 AM  
Secretary of State

DOCUMENT # P98000094870

1. Entity Name  
NIGHT NANNY OF PANAMA CITY, INC.



Principal Place of Business  
916 W. 26TH ST.  
LYNN HAVEN, FL 32444

Mailing Address  
916 W. 26TH ST.  
LYNN HAVEN, FL 32444



01082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3544259

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BATTLES, BARBARA ANN  
916 W. 26TH ST.  
LYNN HAVEN, FL 32444

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

*Barbara A. Battles* Barbara A. Battles 1/8/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE DPST  
NAME BATTLES, BARBARA ANN  
STREET ADDRESS 916 W. 26TH ST.  
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000177378  
01/11/05-80038-001 158.75

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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)(f), 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:

*Barbara A. Battles* Barbara A. Battles 1/8/05 850-265-1589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #