


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 8:00 am**  
**Secretary of State**

01-11-2006 90011 004 \*\*\*150.00

<b>DOCUMENT # P98000094870</b> 1. Entity Name <b>NIGHT NANNY OF PANAMA CITY, INC.</b>			
Principal Place of Business <b>916 W. 26TH ST. LYNN HAVEN, FL 32444</b>		Mailing Address <b>916 W. 26TH ST. LYNN HAVEN, FL 32444</b>	
2. Principal Place of Business <b>916 W. 26th St.</b>		3. Mailing Address <b>118 Crane St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Lynn Haven, FL.</b>		City & State <b>Panama City Beach, FL.</b>	
Zip <b>32444</b>		Zip <b>32413</b>	
Country <b>BAH</b>		Country	
4. FEI Number <b>59-3544259</b>		Applied For <input type="checkbox"/> 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  <b>BATTLES, BARBARA ANN 916 W. 26TH ST. LYNN HAVEN, FL 32444</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Barbara Battles</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST BATTLES, BARBARA ANN <b>916 W. 26TH ST. LYNN HAVEN, FL 32444</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST BATTLES, BARBARA ANN <b>118 Crane St. Panama City Beach, FL. 32413</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Barbara Battles</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1-6/05</u> 850-265-1509 <small>Daytime Phone #</small>	