## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000104155 1. Entity Name PANAMA CITY INVESTORS COMPANY	FILED 05 APR 12 AM 11:26
Principal Place of Business     Mailing Address       2851 REMINGTON GREEN CIR., STE. D     2851 REMINGTON GREEN CIR.       TALLAHASSEE, FL 32308     TALLAHASSEE, FL 32308	R, STE. D TALLAHASSEE, FLORIDA
	03162005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPA	4. FEI Number       Applied For         59-2598053       Not Applicable         5. Certificate of Status Desired       \$8.75 Additional         Fee Required
6. Name and Address of Current Registered Agent PIERCE, ROBERT A 227 S. CALHOUN ST. TALLAHASSEE, FL 32301	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 Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution	
10.     OFFICERS AND DIRECTORS       TITLE     DP       NAME     MITCHELL, JOSEPH D       STREET ADDRESS     2851 REMINGTON GREEN CIR., STE. D       CITY-ST-ZIP     TALLAHASSEE, FL 32308       TITLE     STD       NAME     FARMER, C. GUY       STREET ADDRESS     2851 REMINGTON GREEN CIR., STE. D       CITY-ST-ZIP     TALLAHASSEE, FL 32308	- 600053929196 05/06/0501002011 **150.00
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CTTY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exidicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as required, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRE	xemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an officer or director quired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Accupy 4/10/05 850 - 386 - 2522 Date Date