

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUL -7 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07052006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3149569

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CENTANNI, ROY
11040 HUTCHISON BLVD
PANAMA CITY, FL 32407

7. Name and Address of New Registered Agent

Name David Trepainier

Street Address (P.O. Box Number is Not Acceptable)
11040 Hutchison Blvd

City Panama City Beach FL Zip Code 32407

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]

(NOTE: Registered Agent signature required when reinstating)

7/5/06

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME CENTANNI, ROY
STREET ADDRESS 11040 HUTCHISON BLVD
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE D ☐ Delete
NAME BURNHAM, WESLEY L., JR.
STREET ADDRESS 11212 FRONT BEACH RD
CITY-ST-ZIP PANAMA CITY BCH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME David Trepainier
STREET ADDRESS 11040 Hutchison Blvd
CITY-ST-ZIP Panama City Beach, FL 32407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900077530819
07/14/06--01050--022 **70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
7/11

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] David Trepainier 7/5/06 850-234-3836

Date

Daytime Phone #