2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 175806

1. Entity Name
PANELFOLD, INC.

Principal Place of Business	Mailing Address
10700 N.W. 36TH AVENUE MIAMI, FL 33167	PO BOX 680130 MIAMI, FL 33168 US

01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0701401
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	CD
NAME	DIXON, GUY, E
STREET ADDRESS	16 SNRSE CAY DR OCN REEF
CITY-ST-ZIP	KEY LARGO, FL
TITLE	PD
NAME	DIXON, GUY, E, III
STREET ADDRESS	6911 MAIN ST. APT. 126
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	D
NAME	DIXON, THOMAS M
STREET ADDRESS	250-174TH STREET #2004
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	S
NAME	GEYER, ELIZABETH, D
STREET ADDRESS	14725 BALGOWAN ROAD #204
CITY-ST-ZIP	MIAMI LAKES, FL
TITLE	VD
NAME	GEYER, RUSSELL, I, JR
STREET ADDRESS	14725 BALGOWAN ROAD #204
CITY-ST-ZIP	MIAMI LAKES, FL
TITLE	TV
NAME	GWINN, JAMES T
STREET ADDRESS	955 SW 117TH WAY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325

000001933925
01/25/05-30056-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 01-17-05 305-894-2298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #