


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # 607410 1. Entity Name PANHANDLE GRADING & PAVING, INC.	
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Principal Place of Business
**2665 SOLO DOS FAMILIAF
PO BOX 3717
PENSACOLA, FL 32516**

Mailing Address
**2665 SOLO DOS FAMILIAF
PO BOX 3717
PENSACOLA, FL 32516**



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1879185	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LONG, JOHNNIE F.
2665 SOLO DOS FAMILIAF
PENSACOLA, FL 32534**

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, JOHNNIE F. 2665 SOLO DOS FAMILIAF PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LONG, BETTY C. 2665 SOLO DOS FAMILIAF PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONG, JERRY 2665 SOLO DOS FAMILIAF PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONG, DONALD 2665 SOLO DOS FAMILIAF PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/28/04-80049-016 158.75

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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)(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:  **4/26/04** (850) 478-5250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #