

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90004 016 ***158.75

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03072006 Chg-P CR2E034 (11/05)

DOCUMENT # 504607 1. Entity Name PANHANDLE PLUMBING, INC.					
Principal Place of Business 200 INDUSTRIAL PARK PARK LANE DESTIN, FL 32540-0972 US			Mailing Address PO BOX 972 DESTIN, FL 32540-0972 US		
2. Principal Place of Business 200 INDUSTRIAL PARK		3. Mailing Address Suite, Apt. #, etc. SUITE B			
City & State DESTIN, FLORIDA		City & State _____		4. FEI Number 59-1682211	
Zip 32541		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASSIDY, HENRY WAYNE 788 SPRING LAKE DR DESTIN, FL 32541				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CASSIDY, HENRY WAYNE 200 INDUSTRIAL PARK, PARK LANE DESTIN, FL 00000, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CASSIDY, HENRY WAYNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 INDUSTRIAL PARK, SUITE B DESTIN, FL 32541	
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	
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	
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			HENRY WAYNE CASSIDY		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/7/2006		850-837-6441