


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # 607410</b><br>1. Entity Name<br><b>PANHANDLE GRADING &amp; PAVING, INC.</b>            |  |  |
| Principal Place of Business<br><b>2665 SOLO DOS FAMILIAF<br/>PO BOX 3717<br/>PENSACOLA, FL 32516</b> | Mailing Address<br><b>2665 SOLO DOS FAMILIAF<br/>PO BOX 3717<br/>PENSACOLA, FL 32516</b> |   |



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-1879185</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>LONG, JOHNNIE F.<br/>2665 SOLO DOS FAMILIAF<br/>PENSACOLA, FL 32534</b> |
|--|

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

000000920232  
05/14/08-80035-021 158.75

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

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IN THIS SPACE**

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

**4/21/08**  
Date

**(850) 478-5250**  
Daytime Phone #