2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

DOCUMENT # 714645 1. Entity Name PANHANDLE GUN CLUB, INC.				03-20-2006 90018 033 ****61.25		
Principal Place of Business P.O. BOX 261 LYNN HAVEN, FL 32444 US		Mailing Address P.O. BOX 261 LYNN HAVEN, FL 32444 US		50003617		
2. Principal Pla	ace of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03162006 Chg-NP	CR2E037 (11/05)	
City & State)	City & State		4. FEI Number NOT APPLICABLE	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Des	Fee Required	
	6. Name and Address of Current	Registered Agent	Nome *	7. Name and Address of I		
STEPHENS	S, HAROLD C		Name JA	mes V. An	DRE	
	FOREST DRIVE		Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
YOUNGSTOWN, FL 32466			87	8711 PARK AVE.		
			City You	UNGSTOWN	FL Zip Code 466	
	named entity submits this statement for one of registered agent. James V. Linder Signature, typed or printed name of registered agent	JAMESV	registered office or regis AUDRE : Registered Agent signature requ	50,	3-17-200 6	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10.	OFFICERS AND DI	COTODO	11.	ADDITIONS IQUANICES TO O	FFICERS AND DIRECTORS IN 10	
TITLE NAME	00	RECTORS				
STREET ADORESS CITY-ST-ZIP	PD BASSANI, RICHARD A 4453 MIST LANE LYNN HAVEN, FL 32444	Delete		D DNALD W. RO 337 ROGERS	Change Addition	
-	BASSANI, RICHARD A 4453 MIST LANE		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS Z	DNALD W. RO 337 ROGERS INAMA CITY, D ICTOR B. JOH DI BRANDE!	Change Addition DRIVE FL. 32404 HNSON Change Addition Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BASSANI, RICHARD A 4453 MIST LANE LYNN HAVEN, FL 32444 VD ROBERTS, DONALD W 7337 RODGERS DR	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE STREET ADDRESS TERET ADDRESS TITLE STREET ADDRESS TITLE STREET ADDRESS TITLE	DNALD W. ROBERS NAMA CITY, DICTOR B. Joh NI BRANDE!	Change Addition Change Addition Change Addition Change Addition Change Addition Addition AVE, AVE, Change Addition Addition	
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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 617, 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: James V. ANDRE 3-17-86 850-722-945